DISTRICT 51
7 & 8 YEAR OLD TOURNAMENT PLAYER VERIFICATION

League Name/ID#: _____

Player's Name: _____ Date of Birth: _____

Type of Age Proof:

□ Birth Certificate □ Federal/Military □ In-Lieu Statement

Address of Parent or Legal Guardian:

_____

Street Address City State Zip Code

GROUP 1

□ Driver's License
□ School Records
□ Vehicle Records
□ Employment Records
□ Insurance Documents

GROUP 2

□ Welfare/Childcare Records
□ Federal; Records
□ State Records
□ Local (Municipal) Records
□ Support Payment Records
□ Homeowner/Tenant Records
□ Military Records

GROUP 3

□ Voter Registration
□ Utility Bills
□ Financial Records
□ Medical Records
□ Internet, cable, or Satellite Records

School Enrollment Proof

School Address

_____ CA_____

Street Address (Print) City (Print) State Zip Code

Name of School _____

(PRINT)

Existing Waiver: □ II(a)/II(d) Waiver □ IV(h) Waiver □ Charter Committee Waiver

All Residency Documentation Must Be Attached To The Form

Parent/Legal Guardian Agreement: By my signature below, I certify that all the information provided for this Tournament Player Verification is true and correct and provides the necessary documentation required to verify League/Tournament age and residence/school attendance eligibility.

_____

Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

League President Verification: I have reviewed and verified that the information presented here is true and correct and provides the necessary documentation required to verify League/Tournament age and residence/school attendance eligibility.

_____

Printed Name of League President Signature of League President Date

District Administrator Verification: I have reviewed the residency documentation and verified the player's original birth certificate and the information presented here is true and correct and, to the best of my knowledge appears to be acceptable under Little League standards.

_JEFFREY L. AHRENS__

Printed Name of District Administrator Signature of District Administrator Date