

South Sutter Little League

2014 Little League All-Star Commitment form

Player Information

Last Name:	First Name:	Gender: M F League Age:
Address:	City:	Zip Code:
Email:	Phone:	Birthdate:
Division: Softball Baseball	Level: Jr. Major Minor	Team:

Participants of the following league ages are considered eligible for the specified SSSL All-Star team: 11 and 12 year olds who played Majors for the Little League Majors Division team, 10 and 11 year olds who played Majors, 9 and 10 year olds who played Majors or Minors for the Minor Division team.

Commitment

I am eligible to play for South Sutter Little League and I have played in at least 60% of the regular season games as of May 30th. If I am named to an All-Star team, I understand that I must be available **for ALL PRACTICES** (generally can be any of the 7 days in a week for at least 2 - 3 hours each day) **and ALL GAMES** starting **June 24th** and possibly through the end of **July**.

While my All-Star team may not advance through District, State or Regional tournaments, **I agree to not schedule vacation or other activities that will interfere with my ability to attend ALL practices and ALL games during the All-Star period** (see dates above).

Participant Signature _____ Date _____

I would like to be considered for the following team(s). You must be the league age of the team(s) you are selecting. At least one box must be checked:

- Minor Team
 Major Team
 Junior Team

I the parent/guardian of the above named candidate for a South Sutter Little League All-Star team hereby give approval for my child to participate in **any and all tournament activities** and agree to make my child **available for ALL activities** throughout the District 2 tournament and all subsequent tournaments for which the All-Star team qualifies. I also agree to make available my child's original Birth Certificate for age verification purposes, the required documents needed to verify residency within the South Sutter Little League boundaries or related waiver for eligibility. I acknowledge that there may be an additional fee of \$35 per player to assist with the additional League-specific costs associated with All Star play, however, my player's inclusion on the All Star team will not be affected whether or not I am able to pay this additional fee (scholarships are available based on need).

I also understand that **South Sutter Little League only funds team tournament fees, pins, and required baseball/softball equipment**, but does not reimburse for other related expenses including personalization of uniforms and jackets, hotel, special events, fan wear, and travel, etc. If my child becomes unavailable for any reason, other than short-term illness, I understand that his/her position on the team roster may be forfeited.

Parent/Guardian Signature _____ Date _____