

# Fairfield Pacific Little League All-Star Form

## POST SEASON PLAYER INFORMATION LETTER

DISTRICT ALL-STAR TEAMS – Teams are voted on by the managers at the end of May/beginning of June and are intended to the best thirteen (13) players in each age group to represent FPLL in the district, Sections and Division tournaments. This involves a large commitment of time as teams may begin practicing mid-June (after the end of the FPLL tournament or TOC's) and may practice five to seven times per week with games starting early July on or around the 4<sup>th</sup>. Each tournament is a double elimination tournament (if we win, we move on)

To ensure that we have enough players committed to participating in these events, we are asking that fill out the attached form expressing your interest and commitment to participate should your child be selected (the completion of the form is no guarantee of selection).

Please complete and turn into your team's coach or email to [info@ffpll.org](mailto:info@ffpll.org)

### PLAYER INFORMATION:

Name:

Date of Birth:

League Age:

Current Division Level:

Current Team Name:

Allergies:

Conditions requiring special consideration (medical/physical):

Does your player require (A) **Epipen** Yes ☐ No ☐ (B) **Inhaler** Yes ☐ No ☐

Available for practices and Games: ☐ Yes ☐ No (available all days EXCEPT the following dates):

Continued from above:

Uniform Size (Adult or Youth S, M, L, XL): Jersey:

Pants:

Jersey Number Preference (NOT guaranteed):

### PARENT/GUARDIAN INFORMATION:

Primary contact name

Relationship to Player:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Secondary contact name

Relationship to Player:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Parent/Guardian Signature:

Date:

Player Signature:

Date: