League President's Phone Numbers	Georgia	League ID Number(s)
Day/Work	Coach Pitch Baseball	
Day/work	Player and Team	
Evening/Home	Eligibility Affidavit	If playing in combination,
	Please type or print all information	Enter all numbers
Cell	For Use with GA Special Games Only	
	<u>Not International Tournaments</u>	

Year:

Name of League

City/State

It is understood by all parties participating in the Georgia Little League Coach Pitch Baseball Special Event that this is a State Event authorized by Little League Baseball and which will use all the rules and regulations of Little League Baseball, with exceptions noted in the GA rules page. However, under no circumstance will disputes, protests, comments regarding the State Event be recognized and/or commented on by the Southeast Regional Staff or Little League International Staff. All disputes, protests and comments regarding this Event will be handled by the Georgia Protest Committee and/or the Georgia State Little League officers and District Administrators.

**A.** Complete: All spaces above must be completed, as well as all spaces for each participant.

**B.** Documentation: A properly completed 1) Player and Team Eligibility Affidavit and 2) copies of properly verified birth documents for each team/player constitute proper documentation. The team manager must present this properly signed and verified Team Affidavit to the Director of the Coach Pitch Softball Event for each game.

**C.** Eligibility of Players: Only League Age 6- and 7-year-olds who participated with the League during the regular season are eligible to participate in the Georgia Coach Pitch Tournament. A player may be deemed ineligible by the State Protest Committee because of a violation of Little League Rules and Regulations regarding: 1) league age; and 2) participation (as defined by Little League Baseball, Incorporated). *If the State Protest Committee deems any player to be ineligible, it may result in forfeiture of game(s), and/or removal of the team or teams from play, and/or suspension or removal of personnel for the remainder of the Coach Pitch League Special Games.* 

**D.** District Administrator's signature/date for Players: By initialing the "District Approved" box, the District Administrator verifies that the information regarding this player's eligibility are acceptable.

**NOTE:** This affidavit and all accompanying documentation is not to be shared with or provided to opposing teams, media personnel or any other persons unless specifically approved in writing by the Coach Pitch Baseball Event Director (district, sectional, state).

#### Certification by District Administrator

By my signature below, I certify that the names and dates of birth of the persons listed on this affidavit are true and correct and have been substantiated by proper documentation that is acceptable under Georgia State Little League's Coach Pitch Baseball Committee.

Signature of District Administrator	Date Signed
(or signature of the authorized representative of the District	Administrator)

#### **Certification by Team Manager**

By my signature below, I certify that all the information contained on this affidavit is true and correct, to the best of my knowledge. I understand: 1) All the Rules and Regulations about eligibility; 2) I am solely responsible for the eligibility of my team; 3) I may lodge a protest in accordance with Georgia's Coach Pitch Baseball Rules and Guidelines, and that my team is not required to continue playing until such protest has been resolved, A) to my satisfaction, or, B) by the District Protest Committee, the decision of which shall be final and binding; 5) That I must carry the Player and Team Eligibility Affidavit documentation throughout all games; 6) That I am fully eligible to be the manager of this tournament team under this rule, and the coaches named on this affidavit are also eligible:

 Signature of Manager
 Date Signed

 Signature of Replacement Manager
 Date Signed

 (Note: temporary replacements should not sign.)
 Date Signed

Certification by	League	President and	League	Player	Agent
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We,

,	(League President)	
and		
	(Player Agent)	

have personally reviewed this affidavit, as well as all supporting Player Eligibility documents regarding the team herein. We have read and understand all rules and regulations pertaining to the eligibility of all individuals named on this affidavit. By our signatures below, we certify that the names, dates of birth of the persons listed on this affidavit are true and correct, and have been substantiated by proper documentation that is acceptable under Georgia Little League Coach Pitch Baseball rules and guidelines. I certify that the manager, coaches and all players on this affidavit are fully eligible under all rules and regulations. Should a controversy arise, we agree to accept the decision of the State Protest Committee as final and binding.

Signature of League President

Signature of Player Agent

Date Signed

## **Player Information**

**Player's name line:** This should be the child's full name, as listed on the birth document(s). If the name has been changed, then proper documentation showing the child to be the same as on the birth document is required.

**DOB:** Acceptable proof of birth documents are any ONE of the following: 1. Original proof of age document, if issued by federal, state or provincial registrars of vital statistics in the country in which the Coach Pitch League player is participating; 2. If country of participation differs from the country of proof of age document, the proof of age document must be filed, recorded, registered or issued within one (1) year of the birth of the child; 3. A government-certified copy of the original birth certificate, if the original certificate was filed, recorded, registered or issued within one (1) year of the birth of the child; 4. A document issued by a local, state, provincial, or national government authority that lists the date of birth, with reference to the location and filed, recorded, registered or issued date of the original birth certificate. (Such original birth certificate must have been filed, recorded, registered or issued within one (1) year of the birth of the child.); 5. A "Statement in Lieu of Acceptable Proof of Birth" issued by a Little League Regional Director or District Administrator. *Note: The proof of birth date documents must personally be inspected by the local Little League President, Player Agent, AND District Administrator (or his/her designated appointee)*.

**Regular Season Team Code:** Place the letter associated with the team. The team noted must be a team in the proper division of this league or a team in a combination approved by the State Coach Pitch Baseball Committee for the level of play listed on the front page of this affidavit.

# **Manager/Coach Information**

Phone Number(s): List home and cell numbers. This will assist tournament staff in case of game rescheduling.

	Name	Address, City, State, Zip	Team Code	Day/Work Phone	Evening/Home Phone	Cell Phone
М						
C						
С						
C						

### Manager/Coach Replacement

Temporary replacement (single game only) of a manager/coach should not be entered. The replacement spaces below are to be used for permanent replacements only.

	Name	Address, City, State, Zip	Team Code	Day/Home Phone	Evening/Cell Phone
М					
С					
С					

### **Regular Season Team Information**

Please list all regular season teams for this division, not just those participating.

Regular Season Team Code: Each Team will be identified by the letter associated with it in the chart below.

	Team Name	Games Played In Regular Season		Team Name	Games Played In Regular Season
А			F		
В			G		
С			Н		
D			Ι		
Е			J		

# **Player Eligibility**

#	Name	Address, City, Zip	Team	Games played	DOB	League	District
		of parent or legal guardian	Code	in regular season by this player	mm/dd/yy	Age	Approved
1				by this player			
2							
3							
5							
4							
5							
6							
7							
8							
9							
/							
10							
11							
12							
13							
15							
14							

# **Player Replacement**

The spaces below are to be used for replacement of players. Such replacements MUST be permanent only. When a player is replaced, his/her original space should be marked with a HEAVY black line. Once a player on the original affidavit is replaced, he/she cannot return to the team. Exceptions can only be made in writing by the State Coach Pitch Baseball Committee.

#	Name	Address, City, State, Zip of parent or legal guardian	Address inside map?	II(d) or IV(h)	Team Code	Games played in regular season by this player	DOB Mm/dd/yy	League Age	District Approved
			Y / N						
			Y / N						
			Y / N						