

<p>League ID Number(s)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If playing in combination, Enter all numbers</p>

Signature of Player Agent	Date Signed
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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 Sandlot 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 Sandlot Softball 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
M						
C						
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
M					
C					
C					

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
A				F		
B				G		
C				H		
D				I		
E				J		

Player Eligibility

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

Sandlot League Softball Pitch Record

League Name:		League Age		Pitching Limits		Days of Rest Needed			
		8 and 9		Max 12 innings/game		7 or More Innings Pitched = 1 Days Rest			
Date of Game	Pitcher's Name	Opposing Team Name	Score of Own Team	Score of Opposing Team	# Innings thrown	# Days Rest Needed	Official Scorer or Pitch Counter Initials	Manager Initials	Tournament Director Signature
Record of Ejections									
Player/Manager/Coach Name			Opponent			Date	Tournament Director Signature		