

## Overview

Eligibility for All-Star tournaments requires some paperwork. All documents collected during registration will be compiled in a book maintained by each team's manager and must be available during tournament play.

## Player Sign-Up

Every individual must complete the [Tournament Player Verification](#) form. Little League confirms each child is eligible to play in Eastlake Little League and their selected age group. Separate verification is required for the two distinct eligibility requirements.

### 1. Age

You must provide an **original birth certificate**. No copies.

The league's player agent presents birth certificates to District 9 officials to confirm the player's age. **Birth certificates are collected at the first team meeting and returned to parents once verification is complete.**

### 2. Residency

*\*If your child's school is within the Eastlake LL Boundary.*

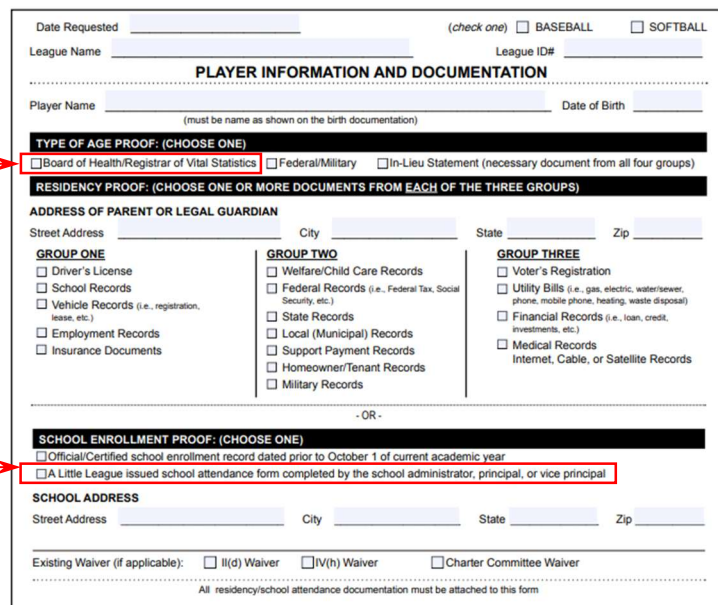
Have your child's school complete the [School Enrollment Form](#).

**Schools within ELL boundary:**  
*Blackwell, Carson, Mead, Smith, McAuliffe, Inglewood, Eastside Catholic, Renaissance, EHS*

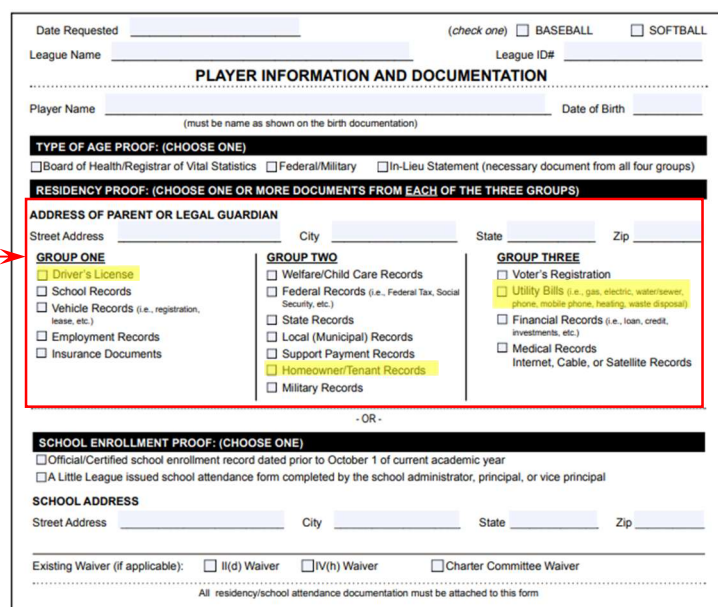
**\*\*You cannot use the School Enrollment Form if your child's school is outside the Eastlake LL boundary.** Use the 3-part option to provide 3 pieces of information (one from each listed group). **We recommend:**

- Copy of Driver's License
- [Online property Tax](#) records or mortgage records
- Power Bill, two of them *between Feb 1 of the previous year and Feb 1 of the current year*

Please black-out sensitive information on any information you provide (account number, driver's license number, etc.)



Date Requested \_\_\_\_\_ (check one)  BASEBALL  SOFTBALL  
League Name \_\_\_\_\_ League ID# \_\_\_\_\_  
**PLAYER INFORMATION AND DOCUMENTATION**  
Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(must be name as shown on the birth documentation)  
**TYPE OF AGE PROOF: (CHOOSE ONE)**  
 Board of Health/Registrar of Vital Statistics  Federal/Military  In-Lieu Statement (necessary document from all four groups)  
**RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)**  
**ADDRESS OF PARENT OR LEGAL GUARDIAN**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**GROUP ONE**  
 Driver's License  
 School Records  
 Vehicle Records (i.e., registration, lease, etc.)  
 Employment Records  
 Insurance Documents  
**GROUP TWO**  
 Welfare/Child Care Records  
 Federal Records (i.e., Federal Tax, Social Security, etc.)  
 State Records  
 Local (Municipal) Records  
 Support Payment Records  
 Homeowner/Tenant Records  
 Military Records  
**GROUP THREE**  
 Voter's Registration  
 Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)  
 Financial Records (i.e., loan, credit, investments, etc.)  
 Medical Records  
Internet, Cable, or Satellite Records  
- OR -  
**SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)**  
 Official/Certified school enrollment record dated prior to October 1 of current academic year  
 A Little League issued school attendance form completed by the school administrator, principal, or vice principal  
**SCHOOL ADDRESS**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Existing Waiver (if applicable):  II(d) Waiver  IV(h) Waiver  Charter Committee Waiver  
All residency/school attendance documentation must be attached to this form



Date Requested \_\_\_\_\_ (check one)  BASEBALL  SOFTBALL  
League Name \_\_\_\_\_ League ID# \_\_\_\_\_  
**PLAYER INFORMATION AND DOCUMENTATION**  
Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(must be name as shown on the birth documentation)  
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**RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)**  
**ADDRESS OF PARENT OR LEGAL GUARDIAN**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**GROUP ONE**  
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 School Records  
 Vehicle Records (i.e., registration, lease, etc.)  
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 Welfare/Child Care Records  
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 State Records  
 Local (Municipal) Records  
 Support Payment Records  
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 Military Records  
**GROUP THREE**  
 Voter's Registration  
 Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)  
 Financial Records (i.e., loan, credit, investments, etc.)  
 Medical Records  
Internet, Cable, or Satellite Records  
- OR -  
**SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)**  
 Official/Certified school enrollment record dated prior to October 1 of current academic year  
 A Little League issued school attendance form completed by the school administrator, principal, or vice principal  
**SCHOOL ADDRESS**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Existing Waiver (if applicable):  II(d) Waiver  IV(h) Waiver  Charter Committee Waiver  
All residency/school attendance documentation must be attached to this form

## **Other Considerations**

### ***What should I do if my child does not attend school or live within the Eastlake Little League Boundary?***

Provide a copy of your child's regular season waiver per [Regulation II\(d\)](#).

### ***What if my child was an All-Star in previous years?***

The original Tournament Player Verification form is still valid as long as:

- You didn't move to another address.
- Your child is attending the same school.

If you moved or your child is going to a new school (e.g., Inglewood vs. elementary school), you must provide a new [school enrollment form](#).

## **One More Form**

Regardless of past participation in all-stars, every parent must provide a [Medical Release Waiver](#), regardless of whether you filled one out previously.

### ***Miscellaneous***

League Name: Eastlake Little League  
League ID #: 4470913  
League Insurance Co: Lexington  
Policy #: 011405742

## **Email ALL Completed Forms (scanned, NOT PHOTOS) to:**

Baseball: [baseballallstars@eastlakell.org](mailto:baseballallstars@eastlakell.org)  
Softball: [softballallstars@eastlakell.org](mailto:softballallstars@eastlakell.org)



# LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested \_\_\_\_\_ (check one) **BASEBALL** **SOFTBALL**

League Name \_\_\_\_\_ League ID# \_\_\_\_\_

## PLAYER INFORMATION AND DOCUMENTATION

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(must be name as shown on the birth documentation)

### TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics    Federal/Military    In-Lieu Statement (necessary document from all four groups)

### RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

#### ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### GROUP ONE

Driver's License  
School Records  
Vehicle Records (i.e., registration, lease, etc.)  
Employment Records  
Insurance Documents

#### GROUP TWO

Welfare/Child Care Records  
Federal Records (i.e., Federal Tax, Social Security, etc.)  
State Records  
Local (Municipal) Records  
Support Payment Records  
Homeowner/Tenant Records  
Military Records

#### GROUP THREE

Voter's Registration  
Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)  
Financial Records (i.e., loan, credit, investments, etc.)  
Medical Records  
Internet, Cable, or Satellite Records

- OR -

### SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

Official/Certified school enrollment record dated prior to October 1 of current academic year  
A Little League issued school attendance form completed by the school administrator, principal, or vice principal

#### SCHOOL ADDRESS

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Existing Waiver (if applicable):    II(d) Waiver    IV(h) Waiver    Charter Committee Waiver

All residency/school attendance documentation must be attached to this form

## VERIFICATION

**Parent or 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 by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence/school attendance eligibility now shows that the previously submitted information/documentation was falsified, misrepresented, or insufficient then Little League Baseball®, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

Name (Printed) of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

**League President's Verification:** I have reviewed and verified that the information presented here is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence/school attendance eligibility now shows that the previously submitted information/documentation was falsified, misrepresented, or insufficient then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials, and/or the league which could result in suspensions and/or terminations with Little League Baseball, Incorporated.

Name (Printed) of League President

Signature of League President

Date

**District Administrator's Review:** I have reviewed the eligibility documentation and player's original birth certificate, and the information presented here, to the best of my knowledge, appears to be acceptable under Little League standards and guidelines.

Name (Print) of District Administrator

Signature of District Administrator

Date

NOTE: This form and attached original documentation must be retained by the player's parent or legal guardian as well as a copy retained by the local league. It is recommended that the District Administrator also maintain a copy.



# Little League® Baseball and Softball School Enrollment Form



The District and the local league will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.

To Be Filled Out By Parent/Legal Guardian

Date: \_\_\_\_\_

League Name: \_\_\_\_\_

League ID#: \_\_\_\_\_

Player/Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>Division:</b> (Check One)	<input type="checkbox"/> Baseball	<b>Level:</b> (Check One)	<input type="checkbox"/> Tee Ball	<input type="checkbox"/> LL (Majors)	<input type="checkbox"/> Junior
	<input type="checkbox"/> Softball		<input type="checkbox"/> Minors	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Senior

Parent/Guardian Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

(Print Name of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

(Date)

## To be filled out by School Administrator, Principal, or Vice Principal

I, \_\_\_\_\_ of \_\_\_\_\_ School, located at  
(Print Name) (Print School Name)

\_\_\_\_\_; \_\_\_\_\_ hereby verify that  
(Physical Address) (School Phone Number)

\_\_\_\_\_ has enrolled and is attending the above named school for the \_\_\_\_\_  
(Print Student Name) (Year)

academic year prior to October 1st, of the current academic year.

This student has been enrolled as of \_\_\_\_\_  
(Date)

(Signature)

(Date)

Title (School Administrator, Principal, or Vice Principal)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient, then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.



# LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



**NOTE:** To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament Affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:** Email: \_\_\_\_\_

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel(i.e. EMT, First Responder, E.R. Physician).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:**

\_\_\_\_\_  
Name Phone Relationship to Player

\_\_\_\_\_  
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Legal Guardian Signature Date:

**FOR LEAGUE USE ONLY:**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.**

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.