CA District 8 Little League

TOC Eligibility Affidavit

League President's Phone Number
DAY _____
NIGHT _____
CELL _____

Please Type or Print All Information

YEAR 2019

Name of League _____ Regular Season Team Name _____ League ID Number _____

Check One

☐ Minors ☐ Intermediate

☐ Little League (Majors) ☐ Juniors

Use a Separate Affidavit For Each Team

	Name of Player (Print)	Street Address	City	League Age	Date of Birth (xx/xx/xx)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

	Name of (A) Manager & Coaches (B & C)	Street Address	City	Phone
A.				
B.				
C.				

Note: No more than one manager and two coaches shall be on any Little League Team Roster. The Manager and coaches must be the same that were the regular season managers/coaches for this team.

League President's Certification:

By my signature below, I certify that the names, dates of birth, residences and regular season team name of the persons listed on this affidavit are true and correct. I have verified the ages and residences according to current Little League regulations. In the event of any controversy regarding eligibility, I agree to accept the decision of District 8 as final and binding.

League President's Name: _____ Signature: _____ Date: _____

D8 Representative Name: _____ Signature: _____ Date: _____

Failure to submit a qualified Safety Plan by the designated deadline or the non-payment of fees can subject the league to disqualification from this tournament.

Instructions: The Player Agent or President must bring this completed affidavit to the league's designated appointment for approval