



2023 King Little League Softball All-Stars (Tournament of Champions)

If your daughter would like to apply for softball all-stars (tournament of champions) please go to our website to access the form and submit via email to KINGLLTREASURER@gmail.com by May 12th.

Navigate to our website www.kinglittleleague.org

→ Hover over the “LEAGUE INFORMATION” tab without clicking it

→ Select “DOCUMENTS/FORMS” from the drop-down menu

→ Select “2023 All-Star (TOC) Application_SOFTBALL”

NOTE: **Submission of this form does NOT guarantee a spot on a team!** This identifies a player as an eligible participant and the player can be nominated by their team manager. Each player must be voted on by the managers in their respective divisions to make the team. Parents must complete & submit the application for their daughter to be eligible for the tournament team.

Practices could start as early as May 15th and will be multiple days a week.

| LITTLE LEAGUE SOFTBALL | | | |
|--|-----|----------------------|----------------------|
| 8 YR-OLD COACH PITCH (District) | -- | Rowan LL | June 9 - June 22 |
| STATE TOURNAMENT | 3 | Lake Norman | July 8 start |
| 8,9,10 YR-OLD SB (District) | -- | Northwest Forsyth LL | June 23 - June 29 |
| STATE TOURNAMENT | 6 | TBD | July 7 - July 12 |
| REGION INVITATIONAL | TBD | TBD | July 28 - August 5 |
| 9,10,11 YR-OLD SB (District) | -- | Northwest Forsyth LL | TBD |
| STATE TOURNAMENT | 3 | Lake Norman | July 7 - July 12 |
| REGION INVITATIONAL | TBD | TBD | July 28 - August 5 |
| LITTLE LEAGUE (10,11,12) (District) | -- | East Surry LL | June 16 - June 22 |
| STATE TOURNAMENT | 4 | Pitt County | July 7 - July 10 |
| REGIONAL | --- | Warner Robins, GA | July 21 - July 27 |
| WORLD SERIES | --- | Greenville, NC | August 9 - August 16 |
| GIRLS JUNIOR SB (District) | --- | Rowan LL | June 23 - June 26 |
| STATE TOURNAMENT | 2 | Rowan | July 7 - July 10 |
| REGIONAL | --- | Salisbury, NC | July 20 - July 23 |
| WORLD SERIES | --- | Kirkland, WA | July 30 - August 5 |
| GIRLS SENIOR SB (District) | --- | Rowan LL | June 23 - June 30 |
| STATE TOURNAMENT | 2 | Rowan | July 7 - July 10 |
| REGIONAL | --- | Salisbury, NC | July 20 - July 23 |
| WORLD SERIES | --- | Lower Sussex, DE | July 31 - August 6 |

*****All dates listed above are subject to change*****

ALL STAR APPLICATION (TOC) – **SOFTBALL ONLY**



Applicant's Full Name: _____

Date of Birth: _____ / _____ / _____ League Age (Age as of January 1st) _____

Home Address: _____

Phone Number: _____ Email: _____

Regular Season Division/Team/Manager: _____ / _____ / _____

School Name: _____

Softball Division Applying For: ☐ Coach pitch (8U) ☐ Minors (8-10) ☐ Majors (10-12) ☐ Juniors ☐ Seniors

***Players who played up a division in the regular season may apply to be on a tournament team in a lower division assuming they meet the age requirements ***

The fee for All Stars / TOC will be \$50 and must be paid within 3 days of notification of being selected

Jersey Size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL

Sock Size: ☐ YS ☐ YM ☐ YL

Uniform Number: (LIST TWO) _____ / _____

Please list ALL dates the applicant is NOT available and any vacation plans, camp activities or other activities in which she participates from May 15th– July 12th.

NOTE: Submission of this form does NOT guarantee a spot on a team! This identifies a player as an eligible participant and the player can be nominated by their team manager. Each player must be voted on by the managers in their respective divisions to make the team.

Parents must complete the information below to allow their daughter to be eligible for the tournament team

Parent/Guardian: Please read and initial items 1-9 below and provide your signature.

1. I/We the parent(s) or guardian(s) of the above-named applicant for a possible position on the King Little League (KLL) softball tournament team, hereby give my/our permission for his/her possible participation on the Tournament Team. I/We assume all risks and hazards incidental to such participation including transportation to and from activities. I/We hereby waive, release, absolve indemnify and agree to hold harmless the King Little League, the organizers, supervisors, participants, and persons transporting my/our applicant to and from activities for any claim arising out of any injury to my/our applicant. _____
2. I/We certify that the above-named applicant has no physical or other ailment or conditions that indicate my/our applicant should not participate as a full-time participant on the King Little League Tournament Team. _____
3. I/We understand and agree that the KLL reserves the right to require a physical examination by a licensed physician certifying that the above-named applicant is physically able to participate before becoming active on the Tournament Team. _____
4. I/We understand and agree to return, after the season all KLL owned equipment issued to my/our applicant in as good condition as when received, except for normal wear and tear. _____
5. I/We understand that the rules of play and playing time are different from those established during the regular season of play and that playing time is NOT guaranteed and will be determined by Tournament rules and the manager. _____
6. I/We will furnish a certified Birth Certificate & proof of residency for the above-named applicant. _____
7. I/We understand the **TIME COMMITMENT** involved, which could involve daily and/or nightly practices as well as travel necessary for games. _____
8. I/We understand that the above-named applicant MUST reside within the King Little League boundary or must qualify under Regulation IId, IVh, or Charter Committee Waiver issued by Little League Softball, Inc. to be eligible to play. _____
9. I/We understand that the above-named applicant is expected to attend ALL practices and games unless excused by the Team Manager. _____

Parent/Guardian Signature

Primary Contact Number



APPLICANTS MUST PROVIDE THE FOLLOWING:

1. Executed all-star application
2. Executed medical release form
3. Executed tournament player verification form
4. Executed school enrollment form **OR** proof of residency documents (refer to tournament player verification form for requirements). **Proof of residency is NOT required as long as a valid school enrollment form can be provided from a school within our boundary**

***If selected to an all-star team an original birth certificate or certified duplicate are required to be submitted (no copies allowed) ***

Please complete this form and all other forms mentioned above by May 12TH and submit to a KLL Board Member or email to KINGLLTREASURER@gmail.com

All Star teams cannot be announced prior to May 15th.



Little League® Baseball and Softball M E D I C A L R E L E A S E



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)/Guardian Name: _____ Relationship: _____

Parent (s)/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/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.



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.

Last Updated: 5/12/2021



Little League

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 ll(d) waiver would then be required.

To Be Filled Out By Parent/Legal Guardian

Date: _____

League Name: _____

League ID#: _____

Player/Student Name: _____

Date of Birth: _____

Division:

(Check One)

☐

Baseball

☐

Softball

Level:

(Check One)

☐

Tee Ball

☐

Minors

☐

LL (Majors)

☐

Intermediate

☐

Junior

☐

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 1, 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.