



ALL STAR APPLICATION (TOC)

Applicant's Name: _____

Date of Birth: ____/____/____ 2019 League Age: _____

Home Address: _____

Phone Number: _____ Email: _____

Spring Team/Division/Manager: _____ / _____ / _____

CIRCLE Jersey, Hat and Pants Size and List Uniform Number (List First and Second Choices). The fee for All Stars / TOC will be \$80 and (MUST BE PAID WITHIN 3 DAYS OF NOTIFICATION OF BEING SELECTED)

Hat Size: ☐ S/M ☐ M/L ☐ L/XL

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

Pant Size: ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL

Uniform Number (LIST TWO) _____ / _____

Please list ALL dates the applicant is NOT available and any vacation plans, camp activities or other activities in which he participates from June 1st– July 15th

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 son/daughter to play all-stars.

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) baseball 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 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 or IVh of Little League Baseball, 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. Please note that participation could go beyond July 17 if the team qualifies for state, regional and national tournaments. _____

Guardian Signature

Primary Contact Number

Parent

Rev. 2/15/2021

Return completed information form by Tuesday, May 21st. Please submit to a KLL Board Member or emailed to Baseball@KingLittleLeague.org. All Star teams cannot be announced prior to June 1st.