ALL STAR APPLICATION (TOC)



Applicant's Name:			,
Date of Birth:/_	2021 League Age	:	-
Home Address:			
Phone Number:	Email:		
Spring Team/Division/Manager:	/	/	
CIRCLE Jersey, Hat, Belt, Socks an will be \$70 and (MUST BE PAID WI			
Hat Size: ☐ S/M ☐ M/L ☐ Sock Size: ☐ YS ☐ YM ☐ Y Pants need to be purchase	/L	YS □ YM □ YL □ AS □ Player Agent will give you det	
Uniform Number (LIST TWO)	/		
Please list ALL dates the applicant is participates from June 1st– July 15th	-		
NOTE: Submission of this form doe participant and the player can be not managers in their respective division their son/daughter to play all-stars.	ominated by their team mar ons to make the team. Pare	nager. Each player must k ents must complete the inf	be voted on by the
Parent/Guardian: Please read and in 1. I/We the parent(s) or guardian(s) of baseball tournament team, hereby give I/We assume all risks and hazards incomparticipants and persons transporting my/our applicant.	f the above named applicant to the my/our permission for his/hocidental to such participation in the and agree to hold harmles	for a possible position on the ner possible participation on ncluding transportation to ar ess the King Little League, the	the Tournament Team. Ind from activities. I/We the organizers, supervisors,
2. I/We certify that the above named a should not participate as a full time pa 3. I/We understand and agree that the certifying that the above named applic Team.	articipant on the King Little Le e KLL reserves the right to red	ague Tournament Team quire a physical examination	by a licensed physician
 I/We understand and agree to retur when received, except for normal wea I/We understand that the rules of pl 	ar and tear lay and playing time are differ	rent from those established of	during the regular season o
play and that playing time is NOT gua 6. I/We will furnish a certified Birth Ce 7. I/We understand the TIME COMMI necessary for games	rtificate & proof of residency f	for the above named applica	ant
8. I/We understand that the above nat under Regulation IId or IVh of Little Le 9. I/We understand that the above nat Team Manager. Please note that part tournaments.	eague Baseball, Inc. to be elig med applicant is expected to	gible to play attend ALL practices and ga	imes unless excused by the
			Parent
Guardian Signature	Primary (Contact Number	

Rev. 2/15/2021

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