CA District 8 Little League

TOC Eligibility Affidavit

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

Please Type or Print All Information

YEAR _____

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

Check One

☐ Minors ☐ Juniors ☐ Little League (Majors)

Use a Separate Affidavit For Each Team

Name of Player (Print)	Street Address	City/Zip Code	League Age	Date of Birth (xx/xx/xx)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

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. In addition, at least one manager or coach from each team must have completed the Positive Coaching course by the established due date.

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