

Jefferson County Little League (JCLL) All-Star Eligibility Declaration Form

Player Name:Address:City/State/Zip:		Birthdate:					
				Team:	Year:	Division:	
				☐ I wish to be considered for All St selected no matter which team I an	=		nd I understand it is an honor to be
I, the parent / guardian of the above- possible selection to an All-Star/Tour any Little League activities, including	nament Team, and l	nereby give my app	placed on the list of eligible players for proval for him / her to participate in				
Please initial each line to show tha	t you have read and	d understand the	commitment to JCLL.				
Participation in All-Star level tournan order to build the strongest possible tunderstanding of the All-Star commit	team(s) to represent	JCLL, we want to	make sure that you have a full				
June 1st through his/her team's elimi July or August. Practices will be a mii	ination from the curn nimum of 2 hours / o liscouraged during t	rent year's All Star day, 6 days / week his time. Family v	cices and games beginning as early as Tournament(s) which could be late in . Little League must come first. Other acations and other absences must be on me, well rested, properly nourished,				
I understand that I will be r the average cost being around \$85. I required to travel and stay overnight.	will also be respons						
I understand that my child r requested documentation to the leag documentation used to complete regi	ue in a timely manne	quirements for elier, to include the p	gibility to play. I will provide any layer's birth certificate and any				
	ms. If any controver	sy arises regardin	and age regulations of Little League Inc. g residence and / or age the decision, of				
Parent Name	Parent Signature		Player Signature				
League Use Only:							
League Age:	Number o	f reg. season gam	es played:				
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