

Par-Troy Little League East
2024 All-Star Commitment Form

RETURN IN SEALED ENVELOPE TO CONCESSION STAND BY MAY 18th

PLAYER INFORMATION

Last name	First name	Gender
Address	City	Zip Code
E-mail	Phone	Birth Date
Division:	Manager:	Team Sponsor

Signing this document does not mean that you are assured of a position on one of the teams. It simply will let us know that you wish to be considered.

Qualities of an All-Star Participant:

- Exemplifies good sportsmanship and team spirit whether winning or losing.
- Demonstrates the highest and most consistent ability to execute the fundamental skills of the game.

I live within the boundaries of Par-Troy Little League East and I have played in at least **60%** of the regular season games. If I am named to an All-Star Team, I understand that I must be available **for practices and all games** starting on or around **June 10th** through the end of **July**, possibly longer if my team advances.

While my All-Star Team may not advance through District, State or Regional tournaments, I agree to not schedule other activities that will interfere with my ability to attend practices and games during the tournament period.

Participant Signature _____ Date _____

I the parent/guardian of the above-named candidate for a Par-Troy Little League East All-Star Team hereby give approval for my child to participate in all tournament activities and agree to make my child available for all activities throughout the District 1 tournament and all subsequent tournaments for which the All-Star Team qualifies. I also agree to make available my child's original birth certificate for age verification purposes and the required documents needed to verify residency within the League boundaries.

I understand that while the chances of the All-Star Team advancing through District, State and Regional levels are not guaranteed, I agree to not schedule other activities that will interfere with my child's ability to attend practices and games during the tournament period. If my child becomes unavailable for any reason, other than short-term illness, I understand that his/her position on the team roster may be forfeited.

I CERTIFY THAT MY CHILD IS APPLYING TO PLAY ON AN ALL-STAR TEAM REGARDLESS OF THE IDENTITY OF THE MANAGER CHOSEN BY THE LEAGUE FOR THE TEAM.

Parent/Guardian Signature or initials (if emailed) _____ Date _____

If you have questions, please talk to your team manager or Player Agent.

IF YOU HAVE VACATION SCHEDULED BETWEEN JUNE 1st AND JULY 31, LIST DATES: _____

I AM APPLYING FOR THE FOLLOWING TEAMS (IF MULTIPLE, PLEASE RANK 1ST, 2ND)

BASEBALL TOURNAMENT TEAMS

8U _____ 9-10 _____ 11-12 _____ Seniors _____

SOFTBALL TOURNAMENT TEAMS

9-10 _____ 11-12 _____ Juniors (13/14) _____