

2015 MRL All Star Player Application



Player's Name: _____ Birth Date: _____

League Age: _____ Division: _____ Team: _____

Position(s): _____ Copy of Birth Cert.: _____

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) address, as shown on a Legal form of identification:

Primary Phone #: _____ Cell Phone #: _____

Other person(s) to call in case of emergency: _____

Please answer the following four (4) questions. Applications will not be accepted unless complete and accurate.

1. Do you have any vacations planned during June, July, or August? Yes ____ No ____

If Yes, when? _____

2. Do you plan to participate on any other sports, teams and/or events in June, July, or August? Yes ____ No ____

If Yes, what and when? _____

3. Do you accept and understand that local MRL playtime rules do not apply for tournament play and that the manager and coach(s) will make all decisions on what positions and the amount of play time each player will get per game. Little League Tournament rules state that ***“every player on a team roster shall participate in each game for a minimum of three (3) consecutive defensive outs and bat at least one (1) at-bat for a 12 player roster OR a minimum of one (1) at-bat for a 13+ player roster .”*** Yes ____ No ____

4. Do you accept the commitment involved on playing on an All Star team? Yes ____ No ____

Full details about minimum play time and all other Little League Tournament rules can be found at www.littleleague.org.

I/We, the parents/guardians of the above-named player for a position on a Little League All Star team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless the local little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate on this All Star team and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding.

I/We will furnish a certified certificate of the above-named player to League Officials, unless previously registered in MRL.

Parents(s)/Guardian(s) signatures: _____ Date: _____

_____ Date: _____

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.