

**SWAMPSCOTT LITTLE LEAGUE
2017 All-Star Commitment Form**

PLAYER INFORMATION

Last name:

First name:

Gender:

Address:

City:

Zip Code:

E-mail:

Phone:

Birth Date:

Your child **MAY** be selected to participate on a Swampscott Little League all-star team at the end of the regular season. This is a team that plays as long as it keeps winning. The tourney starts in late June and can extend literally throughout a good portion of July and even into August.

Qualities of an All-Star Participant:

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

I understand that my child must be available for practices (generally 6 days a week for at least 2 hours) and all games starting on, or around June 24th through the end of July, possibly longer if the team advances.

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

Participant Signature or initials (if emailed) _____

Date _____

I, the parent/guardian of the above named candidate for a Swampscott Little League All-Star Team hereby give approval for my child to participate in any and all tournament activities and agree to make my child available for all activities throughout the District 16 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 Swampscott Little League boundaries.

I also understand that Swampscott Little League only funds team tournament fees, pins, uniforms and required baseball equipment, but does not reimburse for other related expenses, including personalized uniforms and jackets, hotel and travel, etc. 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.

Parent/Guardian Signature or initials

Date _____