

South Salem Little League All Stars 2017

South Salem Little League Post Season Player Application

By signing and turning in this All-Star player/parent commitment letter you are submitting your name for consideration to an All-Star team. In accordance with our bylaws, a committee, and the All-Star manager and coaches, select the All-Star players and set the teams. Teams will be selected no later than June 5.

Being selected as an All-Star is a privilege and an honor. It signifies the player's high skill and character. All-Stars is an enriching experience like no other and will likely be a highlight of your son/daughter's season. The up-front, per-player cost is \$100.00 which includes the cost of insurance, charter, jersey, and other All-Star gear. Teams will fundraise. Any surplus generated will be either returned to families to offset up-front costs or may be collectively used for a team party.

**** This application is due by Friday, May 26th by 8:00 PM. To Player Agent Heidi Spear
No application will be accepted after the deadline - no exceptions! ****

All-Star Player Commitment & Parental Release

1. I/We understand that to be eligible for All-Stars, participation in at least 60% of regular season games is mandatory.
2. I/We understand that to be eligible for All-Stars with SSSL, you must reside within SSSL boundaries.
3. I/We, the parents of the player-candidate, hereby give our approval for our child to participate in any and all Little League activities related to postseason play, including transportation to/from activities.
4. I/We know that participation in baseball/softball may result in serious injuries and protective equipment does not prevent all injuries to players. We do hereby waive, release, absolve, indemnify and agree to hold harmless SSSL, sponsors, supervisors, participants, volunteers and persons for any claim arising out of injury to our child whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident or liability insurance.
5. I/We verify that our child is available, as defined by SSSL, for post season play and understand the penalties up to and including removal from the team for missed practices, games, and/or misconduct.
6. I/We understand it is our responsibility to provide all necessary documentation needed by SSSL and District 7.
7. I/We understand it is our responsibility to fund our player for All-Stars. Fundraising opportunities will be available.
8. I/We and our child have read and understand this entire document and agree to SSSL stipulations and requirements.

Player Name: _____ Player Signature: _____

Parent Name: _____ Parent Signature: _____

Regular Season Team: _____ Jersey Size: _____

Address: _____

Phone: # _____ Who's _____ # _____ Who's _____

Email: _____ Email: _____