



# 2020 New Jersey State Little League

## Tournament Team Eligibility Affidavit District, Section and State Tournaments (Please print clearly)

League President's Cell Phone Number  <hr/>
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League Name: \_\_\_\_\_ District: \_\_\_\_\_ Section: \_\_\_\_\_

<b>SOFTBALL:</b> <input type="checkbox"/> <b>Little League Softball</b> (Ages: 10 -11-12)	<input type="checkbox"/> <b>Senior League Softball</b> (Ages 13-14-15-16)
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A. **TOURNAMENT RULES:** In 2020 due to the cancellation of the Little League International Baseball and Softball Tournaments, the New Jersey State District Administrators Association is providing a limited tournament program. District, Section and State Tournaments will follow the official 2020 published rules for the International Tournament. The format of all District Tournaments will be determined by District, but all Section and State Tournaments will be single loss tournaments. Host sites will be selected to minimize travel within the Section and State; these tournaments will be held on the weekends.

Be safe, follow the Little League Resumption Guide, Little League Best Practices, and most importantly the health and safety instructions of the local league hosts and their municipalities.

B. **AMENDED REGULATIONS:** Please be aware of the official Little League Baseball Amended Regulations that impact eligibility for participation in 2020. They will be found in the 2020 rulebook app and include: (1) any school document is acceptable to meet School attendance eligibility requirements; (2) players will be permitted to register and be eligible for selection on a team in any other league, if their home league has suspended all 2020 operations; (3) leagues/teams do not need to play a minimum number of regular season games. In short, LLB and New Jersey State are following a commonsense philosophy.

C. **DOCUMENTATION:** A Tournament Player Verification form from a prior year is valid for 2020 and is encouraged. Acceptable proof of residence for 2020 will be a valid NJ driver's license or school document. Players entering the New Jersey State Tournaments for the first time in 2020 are required to complete the "2020 NJ State Player Tournament Sheet" which will be valid for 2020. A copy of the players birth certificate to verify age, and a parent's driver's license or any school document to document residency, must be attached. The team manager set forth in the Tournament Team Eligibility Affidavit ("Affidavit") must provide this Affidavit at the District, Section, and State Tournament level for review.

D. **ELIGIBILITY OF PITCHERS:** The team manager for the team listed herein is *solely responsible* for ensuring that any pitcher on this team who enters a game is eligible under all conditions listed in the Tournament Rules and Guidelines. *If an ineligible pitcher enters a game, it may result in forfeiture by action of the Tournament Committee.*

E. **ELIGIBILITY OF PLAYERS:** A player may be deemed ineligible by the Tournament Committee because of a violation of Little League Rules and Regulations regarding league age, residence or school attendance. *If the State Tournament Committee deems any player to be ineligible, it may result in forfeiture of tournament game(s), and/or removal of the team from tournament play.*

F. **MAP OF BOUNDARIES:** In 2020 New Jersey State Little League will not require that a boundary be provided. We will ask on the affidavit if the player resides or attends a school within your boundaries. If they do not, you will be expected to provide the appropriate waiver.

G. **PLAYERS FROM SUSPENDED LEAGUES:** Tournament team players who reside in a local league that has suspended operations for the 2020 season and are now playing in a neighboring league, must be listed on their District Administrators exception list.



**CERTIFICATION BY TEAM MANAGER**

By my signature below, I certify that all the information contained on this Affidavit is true and correct, to the best of my knowledge. I have read and understand: 1) all of the Little League Rules and Regulations pertaining to eligibility; 2) I am solely responsible for the eligibility of pitchers and players on my team; 3) if an ineligible pitcher or player participates in a game for any reason, it may result in forfeiture, and/or removal of participants, including players, manager and coaches, or the entire team named herein, from the State Tournament; 4) I may lodge a protest in accordance with the Tournament Rules and Guidelines, and that my team is not required to continue playing until such protest has been resolved, (A) to my satisfaction, or, (B) by the State Tournament Committee, the decision of which shall be final and binding; and 5) I am solely responsible for the behavior of my team, the supporters, and fans. I further certify that I am fully eligible to be the manager of this tournament team, and the coaches named on this Affidavit are also eligible in accordance with Little League Rules and Regulations.

Signature of Manager \_\_\_\_\_ Date Signed \_\_\_\_\_

**CERTIFICATION BY LEAGUE PRESIDENT AND LEAGUE PLAYER AGENT**

We have personally reviewed this Affidavit, as well as all Tournament Player Verification forms with supporting Eligibility Documentation (birth records, proof of residence or school attendance as defined by Little League Baseball, and proof of participation), and Boundary Map regarding the tournament team herein. We have read and understand all rules and regulations pertaining to the eligibility of all individuals named on this Affidavit. By our signatures below, we certify that the names, dates of birth, and residences/school enrollment (as defined by Little League Baseball,) of the persons listed on this Affidavit and the league boundaries as set forth on the Boundary Map are true and correct, and have been substantiated by legal documentation that is acceptable under Little League® Rules, Regulations, and guidelines. I certify that the manager, coaches, and all players on this Affidavit are fully eligible under all Little League rules and regulations.

Signature of League President \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Player Agent \_\_\_\_\_ Date Signed \_\_\_\_\_

**CERTIFICATIONS BY DISTRICT ADMINISTRATOR AND ENSUING TOURNAMENT DIRECTORS**

By my signature below (or that of my authorized representative), I certify that the names, eligibility (as defined by Little League Baseball, Incorporated), and dates of birth of the persons listed on this affidavit are true and correct, and have been substantiated by legal documentation that is acceptable under Little League standards.

Signature of District Administrator \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Sectional Tournament Director \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of State Tournament Director \_\_\_\_\_ Date Signed \_\_\_\_\_

**PLAYER INFORMATION INSTRUCTIONS**

**PLAYERS NAME LINE:** This should be the players full name, as listed on the birth documents.

**ADDRESS:** The address for each player must be inside the boundaries as detailed on the attached map unless the league has received a waiver from the charter committee or the player's name is on the 2020 District Administrators Exception List.

**SCHOOL ENROLLMENT:** The physical location of the school the player attends classes is within the boundaries established by the local league and Little League Baseball.

**II(D)/IV(H):** If the address listed in the player's information is outside the boundaries as detailed on the attached map (required, see "E" on previous page), then that player is eligible ONLY if this affidavit is accompanied by a properly completed and acceptable Regulation II (d) Waiver Form, a Regulation IV (h) Waiver Form, or a written waiver from the Charter Committee in Williamsport, Pennsylvania, for the current year. Please mark the box to indicate that the appropriate form is attached to this affidavit

**DOB: MM/DD/YY** Acceptable proof of birth document is a copy of a birth certificate

**MANAGER/COACH INFORMATION**

Phone Number(s): List day and evening numbers. This will assist district staff in case of game rescheduling.

	Name	Email Address	Team Code	Day Phone	Mobile/Home Phone
M					
C					
C					
C					

<b>Player Name</b>		<b>Reg Season Team</b>	<b>League Age</b>	<b>District Admin. Approval</b>
<b>Address of Parent or Legal Guardian or Address of School</b>		<i>Name of home League</i>	<b>Type of Waiver</b>	
<b>Birthdate (MM/DD/YY)</b>	<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Ex.</b>	Jane Smith	<b>Reg Season Team</b>	<b>12</b>	<b>Initials</b>
539 US Highway 15 Williamsport, PA 17701		Corner Deli		<b>Date App.</b>
01/01/2005		<b>Home League</b>		<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee
		<b>West End</b>		06/15/2017

<b>1.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
		<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
		<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
		<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
		<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
		<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
		<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>7.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
		<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>8.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
	<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
	<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>10.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
	<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>11.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
	<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>12.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
	<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>13.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
	<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>14.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
	<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>15.</b>		<b>Reg Season Team</b>		<b>Initials</b>
		<b>Home League</b>	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	<b>Date App.</b>
	<b>Residence or School Inside League Boundary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

## PLAYER REPLACEMENT

The spaces below are to be used for replacement of players. Such replacements MUST be permanent only. When a player is replaced, his/her original space shall be marked with a HEAVY black line. Once a player on the original affidavit is replaced, he/she cannot return to the team. Exceptions can only be made in writing by the Tournament Committee.

Player Name		Team Code	League Age	District Admin. Approval
Address of Parent or Legal Guardian or Address of School		Reg Season Team	League Age	Tournament Director Approval
Birthdate (MM/DD/YY)	Residence or School Inside League Bndry? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home League	Type of Waiver	
<b>A.</b>		Reg Season Team		Initials
		Home League	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside League Bndry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>B.</b>		Reg Season Team		Initials
		Home League	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside League Bndry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>C.</b>		Reg Season Team		Initials
		Home League	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside League Bndry? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## MANAGER/COACH REPLACEMENT

Temporary replacement of a manger or coach must be entered each time an individual serves as a temporary manager or coach. After the first time an individual serves as temporary replacement for a manager or coach at any level of tournament play, that individual cannot be used again in the tournament until a Little League Volunteer Application is completed and the league president or tournament director conducts a background check in accordance with Little League Regulations and any respective state laws. Violations of these requirements are subject to action by the Tournament Committee in Williamsport, Pennsylvania. When a manager or coach is permanently replaced, his/her original space on page 3 shall be marked with a HEAVY black line. Once a manager or coach on the original affidavit is replaced, he/she cannot return to manage or coach the team. Exceptions can only be made in writing by the Tournament Committee in Williamsport, Pennsylvania.

	Name	Email Address	Team Code	Day Phone	Mobile/Home Phone	P/T	Date
M							
C							
M							
C							
M							
C							
M							
C							
M							
C							

# Softball Tournament Pitch Record

League: \_\_\_\_\_

Division: \_\_\_\_\_

Additional blank data sheets are available at [LittleLeague.org](http://LittleLeague.org)

Division	Max # Innings A Day
8-10	12
9-11	12
10-12	12

# of Innings Pitched	Days of Rest
<7	0
7 or >	1

DIVISION	
Junior/Senior	Unlimited

Date of Game	Level of Play *	Pitcher	League Age	Name of Opponent	Score***		# Innings Thrown***	# Days Rest Needed	Offical Scorer Initials	Manager Initials	Tournament Director Signature
					Own	Opp					
7/1	District	Jane Smith	12	Downtown	7	8	2	0	I.N.T.	I.N.T.	Signature

## RECORD OF EJECTIONS

Player/Manager/Coach Name	Opponent	Date	Tournament Director Signature

\* The level of Tournament play (i.e. District, Sectional, State,)  
 \*\* Score should be the score when this pitcher finished pitching in the game. A separate sheet may be attached if more space is required.  
 \*\*\* Any part of an inning counts as a full inning pitched for this calculation. As a result, all numbers in this column must be whole numbers.