

### 2020 Little League Baseball Europe and Africa Qualifier Tournament 13-17 July – Kutno, Poland

- Only eligible Leagues will receive an invitation to the Tournament (2020 Rulebook, page 177).
- Player eligibility is determined by (1) age, (2) residency within league boundaries or school attendance, and (3) completion of regular season play. Tournament Team Eligibility Affidavit shall consist of, and must be limited to, a maximum of fourteen (14) players, one (1) manager, and a maximum of two (2) coaches. Managers and coaches must be adults.
- Eligible players league age 10, 11, 12 (2020 Rulebook, page 241), who have participated as an eligible player in 60% the regular season games (2020 Rulebook, page 178).
- Tournament Team Eligibility Affidavit must be submitted to the Regional Office in Kutno electronically by June 25, 2019. The Affidavit must be generated online in the Little League Data Center and submitted to the Regional Office in pdf format by e-mail <a href="mailto:europe@littleleague.org">europe@littleleague.org</a>. Teams that do not submit their electronic Affidavit as outlined above, will not be able to take part in the Tournament.
- Before entering the Tournament, all eligible players must present all documents required by the Little League Official Regulations (please see the enclosed Tournament Check List). The eligibility documents will be reviewed upon arrival to Kutno.
- Arrival days: 11,12 July 2020. All teams should arrive by noon on July 12.
- Coaches meeting: 12 July at 13:00, building "B" at the Little League Regional Center in Kutno.
- Tournament format: Pool play. Top two teams will continue playing in the Regional Championship on 19-26 July.
- Game schedule will be determined at the coaches meeting (July 12) by draw.
- Teams that do not report at our office by noon on 12 July, will not enter the Tournament.
- The District Administrator or District Staff shall not serve as manager or coach (2020 Rulebook, page 174).
- All teams participating in any of the seven Little League Regional Tournaments in Europe and World Series in the USA are required to **purchase travel insurance**, before traveling to tournament site. **Travel insurance is required for all players and coaches listed on team roster**. Proof of insurance policy will be required at tournament registration upon arrival.

Teams that do not purchase travel insurance will be responsible for any costs associated with medical treatments and emergencies during travel and their stay at tournament site. <u>Important</u>: the European Health Insurance Card is **not an alternative to travel insurance**.

- We encourage each player to carry his/her immunization records.
- Housing will be provided <u>free of charge</u> for up to 14 <u>eligible</u> players and up to three coaches listed on a team's roster <u>only</u>. Only eligible players and coaches listed on the team's eligibility affidavit will be allowed to stay in the Little League dormitories. There will be no extra housing available in the Little League dormitories for visitors (even if a team does not have a full roster).
- Little League Baseball will provide three meals a day free of charge for the teams starting with dinner on July 12th.
- A \$US200 (or equivalent in other exchangeable currency) refundable security deposit will be required from each team upon arrival. This deposit is to secure cost of any possible damages during your stay in the Little League dormitories. If no damages occur, the whole amount will be returned to you before you leave. If teams leave without checking-out, the deposit will not be refunded.
- Top two teams from the Qualifier Tournament will continue playing in the Regional Tournament in Kutno (19-26 July 2020) and will have a chance to advance to Little League Baseball World Series to be played in Williamsport, PA, USA 20-30 August 2020.
- Because of our heavy workload and preparing for Tournaments, our office is <u>unable</u> to assist in arranging additional accommodations for parents and other persons traveling with a team. However, we can provide you with the list of hotels in the area and their contact information.
- If your team is going to fly to Warsaw (closest international airport), our office can assist you in arranging bus transportation to Kutno; however, your team will be responsible for the cost. The cost of <u>one way</u> for a bus at a local company is approximately 1500.- PLN. The price also depends on how long the bus has to wait at the Warsaw airport; therefore, it may be higher for delayed flights.
- IMPORTANT: Please do not send any packages with your team equipment, uniforms, etc. to our office before you come to the Tournament. Please be advised that we cannot guarantee you that your packages would be released from customs on time and without additional costs. It involves a lot of paper work and customs fees and our staff will not be able to assist you.

• Contact: Mrs. Beata Kaszuba-Baker or Mr. Bart Sochacki

Tel.: +48 (24) 2544569 Fax: +48 (24) 2544571 E-mail: europe@littleleague.org  Address: Little League Europe and Africa Regional Center

Al. Malej Ligi 1 99-300 Kutno. Poland

## 2020 LITTLE LEAGUE BASEBALL TOURNAMENT CHECK LIST

Ш	Electronic Tournament Team Eligibility Affidavit with League boundary map due by June 25 <sup>th</sup> .								
	Copy of your League's regular season team rosters.								
	Regular season schedule (Regulation VII, 2020 Rulebook, page 70).								
	Each player must present Tournament Player Verification Form accompanied by:								
	▶ <u>Proof of birth date</u> (2020 Rulebook, page 34).								
	► <u>Valid passport.</u>								
	► Proof of residence (a) or school attendance (b) (2020 Rulebook, page 30).								
	guardian(s) February 1	name, street address, city	/ and zip code ii	esidence which includes parent(s) or information, dated or in force between the documents from each of the three - Welfare/child care records - Federal records - State records - Local (municipal) records - Support payment records - Homeowner or tenant records					
	Group III - - - - -	Voter's registration Utility bills Financial records Medical records Internet, cable, or satellite re		- Military records					
	Note: Three documents from the same Group constitute only ONE document.  b) School attendance shall be established and supported by a document indicating enrollment for the current academic year, dated prior to October 1, 2019 and with the physical location of the school from ONE of the following categories to determine school attendance by such player:  1. Official/Certified School enrollment record dated prior to October 1, 2019.  2. A Little League issued school attendance form completed by the principal, assistant principal or administrator authorized to sign on behalf of the school								
	► Medical Release Form								
	► 2020 Form	Release and Waiver							
	Copies of any approved by the Charter Committee waivers on any of the regulations.								
	All charter fees must be paid.								
	Travel insurance.								



#### Little League Baseball®, Incorporated 2020 Form Release and Waiver

#### **ALL PLAYERS AND PARTICIPANTS UNDER 18**

This section to be completed by the <u>parent or guardian of a minor</u>, if minor is under the age of 18 years

]
(Full Name of Parent or Guardian)
of
(Address, City, State and Zip Code)
the □ Parent □ Guardian of
(E-mail) (Phone)
hereby irrevocably consent, grant, license and give my permission to Little League Baseball, Incorporated (hereafter "LLB"), its affiliates successors, and assigns (and their employees, officers, directors and agents or contractors), and any third party which LLB determines in its sole discretion to be appropriate including, but not limited to, ESPN entities, Major League Baseball and their affiliated entities, and any and all sponsors and/or licensees of LLB a royalty free, irrevocable right and license, to use, exploit, adapt, modify, sell, sublicense, reproduce, record photograph, digitize, distribute, publicly display, publicly perform, and create derivative works, throughout the world in any and all forms whethe now known or later developed, the image, name, voice, likeness or persona of the above listed minor in any and all commercial exploits o ventures, promotional materials or announcements, publications, media releases, or advertisements, electronic or otherwise in any medium now known or hereafter developed ("Work(s)"), in perpetuity throughout the universe, and waive any and all rights to the same. I acknowledge and agree that neither the above listed minor nor I will receive any compensation whatsoever if such image, name, voice, likeness or persona appears in any Works, or from any proceeds of any utilized Work. I acknowledge and agree that any use of such image, name, voice, likeness, persona, o resulting Work is solely the property of LLB in perpetuity. In addition, I acknowledge and agree that LLB may, without my permission or advance notice to me, supply such image, name, personal information, voice, likeness, persona or resulting Work to any third party which LLB determines in its sole discretion to be appropriate, for any use, publication, and/or offer of information, programs, and/or services to you or anyone else.
(Signature of Parent or Guardian) (Date)
ALL PARTICIPANTS AND ADULTS OVER 18
This section to be completed by an <u>individual participant</u> over the age of 18 years (e.g. coaches, umpires)
I,
(Full Name of Participant)
of
(Address, City, State and Zip Code)
(E-mail)  (Phone)  (P
(Participant Signature) (Date)
To view Little League's privacy and security policies, please visit <u>LittleLeague.org/PolicyStatements</u> . If at anytime, an individual would like to optout, verify, or have data removed, please email <u>marketing@LittleLeague.org</u> .
OFFICE USE
Jersey# Team:
Event:



# Little League · Baseball and Softball M E D I C A L R E L E A S E



**NOTE**: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player:	Date of Birth:	Gende	er (M/F):			
Parent (s)/Guardian Name:		Relationship:				
Parent (s)/Guardian Name:		Relationship:				
Player's Address:	City:	State/	Country:Zip:			
Home Phone:	Work Phone:	Mobile Ph	Mobile Phone:			
PARENT OR LEGAL GUARDIAN	AUTHORIZATION:	Email:				
In case of emergency, if family phy Emergency Personnel. (i.e. EMT, F	ysician cannot be reached, I hereby aut irst Responder, E.R. Physician)	thorize my child to l	be treated by Certified			
Family Physician:		Phone:				
Address:	City:	State/Country:				
Hospital Preference:						
Parent Insurance Co:	Policy No.:	Group	Group ID#:			
League Insurance Co:	Policy No.:	Leagu	League/Group ID#:			
If parent(s)/legal guardian canno	t be reached in case of emergency, co	ntact:				
Name	Phone	Re	lationship to Player			
Name	Phone	Relationship to Player				
Please list any allergies/medical pro	blems, including those requiring maintena	nce medication. (i.e.	Diabetic, Asthma, Seizure Disorder)			
Medical Diagnosis	Medication	Dosage	Frequency of Dosage			
Date of last Tetanus Toxoid Booste	er:					
	n is to ensure that medical personnel have details o	of any medical problem w	hich may interfere with or alter treatment.			
		,	,			
Authorized Pare	ent/Guardian Signature		Date:			
FOR LEAGUE USE ONLY:						
League Name:		League ID:				
Division:	Team:		Date:			