

2020 Little League Baseball Europe and Africa Regional Tournament 19-26 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 July 5, 2020. The Affidavit must be generated online in the Little League Data Center and submitted to the Regional Office in pdf format by e-mail europe@littleleague.org. 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: 17, 18 July 2020. All teams should arrive by noon on July 18.

- Coaches meeting: 18 July at 13:00, building "B" at the Little League Regional Center in Kutno.
- Tournament format: Double elimination.
- Game schedule will be determined at the coaches meeting (July 18) by draw.
- Teams that do not report at our office by noon on 18 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 18th.

• 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.

• The winning team will be provided, by Little League International, roundtrip transportation to the Little League Baseball World Series to be played in Williamsport, PA, USA on 20-30 August 2020. The winning team is responsible for the cost of applying for US entry visas.

• 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	 Address: 	Little League Europe and Africa
	Tel.: +48 (24) 2544569		Regional Center
	Fax: +48 (24) 2544571		Al. Malej Ligi 1
	E-mail: europe@littleleague.org		99-300 Kutno, Poland

2020 LITTLE LEAGUE BASEBALL TOURNAMENT CHECK LIST

Electronic Tournament Team Eligibility Affidavit with League boundary map due by July 5th.							
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:							
▶ Proof of birth date (2020 Rulebook, page 34).							
► Valid passport.							
Proof of residence (a) or school attendance (b) (2020 Rulebook, page 30).							
 a) Proof of residence documents containing the full residence which includes parent(guardian(s) name, street address, city and zip code information, dated or in force bet February 1, 2019 and February 1, 2020, from one or more documents from each of the Groups outlined below: Group I - Driver's License Group II - Welfare/child care records - School records - Vehicle records - Vehicle records - Employment records - Insurance documents - Insurance documents - Utility bills - Financial records - Utility bills - Financial records - Medical records - Internet, cable, or satellite records 	ween						
Note: Three documents from the same Group constitute only ONE document.							
b) <u>School attendance</u> shall be established and supported by a document indicating enrollment for current academic year, dated prior to October 1, 2019 and with the physical location of the set 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.							
A Little League issued school attendance form completed by the principal, assistant principal or administrator authorized to sign on behalf of the s	chool						

► <u>Medical Release Form</u>

► 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.



Baseball and Softball

(Phone)

Little League Baseball[®], Incorporated 2020 Form Release and Waiver

ALL PLAYERS AND PARTICIPANTS UNDER 18

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

Ι, of

(Full Name of Parent or Guardian)

(Address, City, State and Zip Code)

the 🗆 Parent 🗆 Guardian of

(E-mail)

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 whether now known or later developed, the image, name, voice, likeness or persona of the above listed minor in any and all commercial exploits or 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, or 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)						
<u>ALL_PARTICIPANTS_A</u> This section to be completed by an <u>individual partici</u>							
I,							
(Full Name	of Participant)						
of							
(Address, City, State and Zip Code)							
(E-mail) hereby irrevocably consent, grant, license and give my permission to successors, and assigns (and their employees, officers, directors and a sole discretion to be appropriate including, but not limited to, ESPN enti sponsors and/or licensees of LLB a royalty free, irrevocable right and lic photograph, digitize, distribute, publicly display, publicly perform, and cre now known or later developed, my image, name, voice, likeness or perso or announcements, publications, media releases, or advertisements, ele ("Work(s)"), in perpetuity throughout the universe, and waive any and al compensation whatsoever if my image, name, voice, or likeness appears and agree that any use of my image, name, voice, likeness, persona, o I acknowledge and agree that LLB may, without my permission or adva likeness, persona or resulting Work to any third party which LLB determi or offer of information, programs, and/or services to you or anyone else.	agents or contractors), and any third party which LLB determines in its ties, Major League Baseball and their affiliated entities, and any and all ense, to use, exploit, adapt, modify, sell, sublicense, reproduce, record, eate derivative works, throughout the world in any and all forms whether ona in any and all commercial exploits or ventures, promotional materials ectronic or otherwise in any medium now known or hereafter developed I rights to the same. I acknowledge and agree that I will not receive any in any Works, or from any proceeds of any utilized Work. I acknowledge or resulting Work is solely the property of LLB in perpetuity. In addition, nce notice to me, supply my image, name, personal information, voice,						
(Participant Signature)	(Date)						
To view Little League's privacy and security policies, please visit LittleLe out, verify, or have data removed, please email <u>marketing@LittleLeague</u>							
	OFFICE USE						
Jersey # Team:							
Event:							

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Team Mar		: To be carried by any Regular Season or Tournament ogether with team roster or International Tournament affidavit.			
	Date of Birth:	Gende	r (M/F):		
Parent (s)/Guardian Name:	F	_ Relationship:			
Parent (s)/Guardian Name:	F	Relationship:			
Player's Address:	City:	State/Country:Z		Zip:	
Home Phone:	Work Phone:	Mobile Phone:			
PARENT OR LEGAL GUARDIA	NAUTHORIZATION:	Email:			
	physician cannot be reached, I hereby auth , First Responder, E.R. Physician)	orize my child to b	e treated by (Certified	
Family Physician:	Phone:				
Address:	City:	State/	/Country:		
Hospital Preference:					
Parent Insurance Co:	Policy No.:	Group ID#:			
eague Insurance Co:	Policy No.:	League	e/Group ID#:_		
	not be reached in case of emergency, cont		lationalia de D	1	
Name	Phone	Relationship to Player		layer	
Name	Phone	Relationship to Player		layer	
Please list any allergies/medical	problems, including those requiring maintenand	ce medication. (i.e. D	iabetic, Asthma	a, Seizure Disorde	
Medical Diagnosis	Medication	Dosage	Frequer	icy of Dosage	
	I				
Date of last Tetanus Toxoid Boos	ster:				
	tion is to ensure that medical personnel have details of a	any medical problem wh	ich may interfere	with or alter treatme	
Mr./Mrs./Ms Authorized Pa	arent/Guardian Signature			Date:	
OR LEAGUE USE ONLY:					
eague Name:	L	eague ID:			
Division:	Team:		Date:		

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.