



2020 Senior League Softball Europe and Africa Regional Tournament 11-14 July – Breda, The Netherlands

- Only eligible Leagues will receive an invitation to the Tournament (2020 Rulebook, page 166).
- **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 sixteen (16) players, one (1) manager, and a maximum of two (2) coaches. Managers and coaches must be adults.
- **Tournament Team Eligibility Affidavit** must be submitted to the Regional Office in Kutno electronically by **July 1, 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 europa@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 Breda.
- **Eligible players:** league age 13, 14, 15, 16 (2020 Rulebook, page 225), who have participated as an eligible player in 60% the regular season games (2020 Rulebook, page 168).
- **Arrival day:** 10 July 2020
- **Venue:** Softball Park in Moergestel
- **Coaches meeting:** 10 July 2020. Please contact Tournament Director for time and location.
- **Teams that do not report at the tournament site by the coaches meeting on 10 July will not enter the Tournament.**
- **The District Administrator or District Staff** shall not serve as manager or coach (**2020 Rule Book, page 164**).
- 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.
Important: the European Health Insurance Card is **not an alternative to travel insurance**.
- We encourage each player to carry her immunization records.
- **Housing and meals:** please contact Tournament Director for details.
- **The winning team** will be provided, by Little League International, roundtrip transportation to the Senior League Softball World Series to be played on August 3-9, 2020 in Lower Sussex, Delaware, USA. The winning team **must use** travel arrangements provided by Little League; otherwise, they will not be invited to play in the World Series. **The winning team is responsible for the cost of applying for US entry visas.**
- **Tournament Director:** Mrs. Jessica Jansen
Phone: +31 6 513 42 553
Email: tournamentdirector.ll.nl@gmail.com

2020 SENIOR LEAGUE SOFTBALL TOURNAMENT CHECK LIST

Electronic **Tournament Team Eligibility Affidavit with League boundary map due by July 1.**

Copy of your **League's regular season team rosters.**

Regular season schedule (Regulation VII, 2020 Rulebook, page 68).

Each player must present **Tournament Player Verification Form** accompanied by:

▶ **Proof of birth date** (2020 Rulebook, page 33).

▶ **Valid passport.**

▶ **Proof of residence (a) or school attendance (b)** (2020 Rulebook, page 29).

a) **Proof of residence documents** containing the full residence which includes parent(s) or guardian(s) name, street address, city and zip code information, dated or in force between February 1, 2019 and February 1, 2020, from one or more documents from each of the three Groups outlined below:

| | | | |
|-----------|---|----------|-------------------------------|
| Group I | - Driver's License | Group II | - Welfare/child care records |
| | - School records | | - Federal records |
| | - Vehicle records | | - State records |
| | - Employment records | | - Local (municipal) records |
| | - Insurance documents | | - Support payment records |
| | | | - Homeowner or tenant records |
| Group III | - Voter's registration | | - Military records |
| | - Utility bills | | |
| | - Financial records | | |
| | - Medical records | | |
| | - Internet, cable, or satellite 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 parent or guardian of a minor, if minor is under the age of 18 years

I, _____
(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 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)

ALL PARTICIPANTS AND ADULTS OVER 18

This section to be completed by an individual participant 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)

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, my image, name, voice, likeness or persona 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 I will not receive any compensation whatsoever if my image, name, voice, or likeness appears in any Works, or from any proceeds of any utilized Work. I acknowledge and agree that any use of my 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 my 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.

(Participant Signature)

(Date)

To view Little League's privacy and security policies, please visit LittleLeague.org/PolicyStatements. If at anytime, an individual would like to opt out, verify, or have data removed, please email marketing@LittleLeague.org.

Jersey # _____ Team: _____
Event: _____

OFFICE USE



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: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

| Medical Diagnosis | Medication | Dosage | Frequency of Dosage |
|-------------------|------------|--------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League 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.