

LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested June 1, 2016		(check one) X BASEBALL SOFTBALL
League Name <u>Hometown County</u>		League ID# 03461025
PLAYE	R INFORMATION AND DOC	CUMENTATION
Player Name Thomas Anthony Joh	nson	Date of Birth 06/22/2007
-	ne as shown on the birth documentation)	Sate of Birth <u>G072272007</u>
TYPE OF AGE PROOF: (CHOOSE ONE		
⊠Board of Health/Registrar of Vital Statist	ics Federal/Military In-Lieu Sta	tement (necessary document from all four groups)
RESIDENCY PROOF: (CHOOSE ONE O	R MORE DOCUMENTS FROM <u>EACH</u> (OF THE THREE GROUPS)
ADDRESS OF PARENT OR LEGAL GUA		
Street Address 3 Randolph Road	City,	State, Zip Ruckersville, VA 12347
GROUP ONE	GROUP TWO	GROUP THREE
☐ Driver's License ☐ School Records	Welfare/Child Care Records Federal Records (i.e., Federal Tax, Sc	cial Utility Bills (i.e., gas, electric, water/sewer,
Vehicle Records (i.e., registration, lease, etc.)	Security, etc.)	phone, mobile phone, heating, waste disposal)
☐ Employment Records	State Records	Financial Records (i.e., loan, credit, investments, etc.)
☐ Insurance Documents	Local (Municipal) Records Support Payment Records	Medical Records
	Homeowner/Tenant Records	Internet, Cable, or Satellite Records
	☐ Military Records	
	- OR -	
SCHOOL ENROLLMENT PROOF: (CHO	-	andomin voor
☐ Official/Certified school enrollment rect ☐ A Little League issued school attendan	ord dated prior to October 1 of current ac ce form completed by the school admini	, and the second
SCHOOL ADDRESS	oo ionii oonipiotoa by the concertatiiiii	orator, principal, or vice principal
Street Address 216 Shelby Road	city Rochelle	State Virginia zip 12349
Sileet Address 210 Offerby Road	Gity <u>reconcile</u>	State virginia Zip 12010
Existing Waiver (if applicable):	Waiver IV(h) Waiver	Charter Committee Waiver
		d a. db:: f
,	All residency documentation must be attached	a to this form
	VERIFICATION	
		rnament Player Verification is true and correct and provides the necessary
		ibility. If the Charter/Tournament Committee subsequently finds that the y now shows that the previously submitted information/documentation
		oose sanctions and/or penalties on all appropriate parties, including but pension and/or terminations with Little League Baseball, Incorporated.
Michael Johnson Name (Printed) of Parent/Legal Guardian	Michael Johnson Signature of Parent/Legal Guardian	n June 8, 2016
eague President's Verification: I have reviewed and ve		and correct and provides the necessary documentation required by
ittle League to verify league/tournament age and residen	ce/school attendance eligibility. If the Charter/Tourn	nament Committee subsequently finds that the information submitted
nisrepresented or insufficient then Little League Baseba	II, Incorporated reserves the right to impose sar	t the previously submitted information/documentation was falsified, nctions and/or penalties on all appropriate parties, including but not
		ensions and/or terminations with Little League Baseball, Incorporated.
John Smith Name (Printed) of League President	John Smith Signature of League President	<u>June 10, 2016</u>
, ,		h certificate, and the information presented here, to the best of my
nowledge, appears to be acceptable under Little League s	standards and guidelines.	n cerunicate, and the information presented here, to the best of my
R. L. Sottile	R. L. Sottile	June 11, 2016
Name (Print) of District Administrator	Signature of District Administrator	Date



Little League® Baseball and Softball School Enrollment Form



The District and the local league will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.

Date: January 23, 2016 League Name: Hometown County Player/Student Name: Thomas Anthony Johnson		League ID#:03461025 Date of Birth:June 22, 2007			
					Division: (Check One)
Parent/Guardian A	Address: <u>56 We</u>			jhtwood VA	22715
		(Street)		(City/State)	(Zip)
Michael Johnson	f Parent/Legal Guardi		Lichael Jo lgnature of Parent/Le		1 24 2016
Го be filled out	by School Ad	ministrato	r, Principal, o	or Vice Principal	
[, <u>Jacob Miles</u>	•		own County Elen	nentary	School, located at
	ne)	of <u>Hometo</u> 19	own County Elen	nentary Print School Name)	School, located at
I, <u>Jacob Miles</u> (Print Nam 216 Shelby Road, R	ochelle, VA 1234 (Physical Addres	of Hometo	own County Elen	nentary Print School Name) 703) 555-4592 (School Phone Number)	
I, <u>Jacob Miles</u> (Print Nam 216 Shelby Road, R Thomas Anthony Jo	ochelle, VA 1234 (Physical Addres chnson ha	of Hometons 19 as enrolled an	own County Elen (; _(7 d is attending t	nentary Print School Name) (03) 555-4592 (School Phone Number) he above named school	hereby verify that pool for the

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient, then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.