



York County Little League 2025 BASEBALL ALL STAR LETTER OF INTENT



I, (Print Name) _____ wish to be nominated for a 2025 All Star team as a PLAYER

My Age on 8/31/25: _____ My Current Address is: _____

Current Team / Division: _____ Jersey Size: _____ My three jersey number picks: _____

I want to be considered for the following (only choose one option, papers with two options won't be considered):

- ☐ Consideration for the 13-16 (Senior) All Star Team Only

I will commit to:

- ☐ Be available **May 27th through August 16th** for practices and games based on the division. This long stretch of time covers the District, State, Regional, and World Series tournaments. The All-Star team is abolished once it fails to reach the next level of play.
- ☐ Attend every practice. This is only fair to all players and Manager/Coaches. Practice can be scheduled 7 days per week but it is truly the Manager's discretion. There are no excuses for Church or Band camps or for family vacations.
- ☐ Provide an **ORIGINAL birth certificate** and 3 proofs of residency or school verification will be required for tryout. Failure to do so can result in release from the team. This is separate from the original registration and all documents will be maintained by the All-Star Manager throughout tournament play.
- ☐ **The \$125 registration fee. (For All Ages)** This covers the cost of a new uniform and Little League Tournament fees.
- ☐ **I will attend a tryout on May 17th 2025 on Mac Field 7 @ 9:00 am.** This tryout is for skills evaluation and does not guarantee a roster spot on the All-Star team.

I/We the parent(s) or guardian(s) of the above-mentioned player understand the requirements of being on an All-Star team and agree to abide by said requirements. I/We also understand that if the child is chosen for the All-Star team and fails to meet any part of the agreement, for any reason other than sickness or injury, he/she may be removed from the team. I/We also understand that I/We will play in the division I am voted into for representation of YCLL.

Guardian's Signature: _____ Date: _____

Player's Signature: _____ Date: _____

****THIS FORM MUST BE SIGNED BY PARENTS AND PLAYER AND RETURNED TO ALLSTARS@YCLL.NET BY SATURDAY MAY 17, 2025. IF WE DON'T GET A SIGNED FORM, THE PLAYER WILL NOT BE ELEGIBLE FOR THE ALL STAR TEAM, THERE WILL BE NO EXCEPTIONS.****