

Junior Boys (Age 13 yr. old)

Boys (Age 13-14)

15U

Pre-Majors (Age 15-16-17)

Majors (Age 15-19)

DBB, INC.

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**OFFICE OF THE COMMISSIONER
P.O. Box 604, DeQuincy, Louisiana 70633**

TOURNAMENT TEAM ELIGIBILITY AFFIDAVIT

THIS SHEET MUST BE TURNED IN TO OFFICIAL SCOREKEEPER... MUST BE TYPED OR PRINTED (District Director must mail a copy of affidavit of ALL TOURNAMENT TEAMS in his district to National Office and State Director before the date of the first tournament game- District Director also to maintain copy.

REQUIRED

(Certificate of Franchise No.)

CREDENTIALS COMMITTEE CERTIFICATION

We the undersigned members of the Credentials Committee certify that we have personally inspected the birth records recorded hereon and have found all in accord with eligibility rules of Boys/Majors Baseball, Inc.

1. _____
2. _____
3. _____

We also certify that the insurance, player eligibility and background check requirements are in accordance with the 2024 Rule Book
Same three Committee Members MUST sign all forms

Name of League

City

State

Zip

- NAMES SHOWN BELOW MUST CONFORM TO BIRTH RECORDS -

| EXAMPLE: Samuel Matthew Smith | 1201 Main Street | Centerville | 35555 | February 28, 1999 | Braves |
|---|------------------|-------------|----------|--------------------------------------|-------------|
| FULL NAME (AS IT APPEARS ON BIRTH RECORD) | MAILING ADDRESS | CITY | ZIP CODE | DATE OF BIRTH (write out completely) | SEASON TEAM |
| 1. | | | | , | |
| 2. | | | | , | |
| 3. | | | | , | |
| 4. | | | | , | |
| 5. | | | | , | |
| 6. | | | | , | |
| 7. | | | | , | |
| 8. | | | | , | |
| 9. | | | | , | |
| 10. | | | | , | |
| 11. | | | | , | |
| 12. | | | | , | |
| 13. | | | | , | |
| 14. | | | | , | |
| 15. | | | | , | |
| 16. | | | | , | |
| 17. | | | | , | |
| 18. | | | | , | |

| Name of Manager and Coaches | Mailing Address | Telephone Numbers | Regular Season Team Name |
|-----------------------------|-----------------|-------------------|--------------------------|
| 1. _____ Manager | _____ | () ____ - ____ | _____ |
| 2. _____ Coach | _____ | () ____ - ____ | _____ |
| 3. _____ Coach | _____ | () ____ - ____ | _____ |
| 4. _____ Coach | _____ | () ____ - ____ | _____ |

1. I hereby certify that the dates of birth of the **fifteen or eighteen (Junior/ Boys or 15U/Pre Majors/Majors)** players listed above are correct and have been substantiated by Birth Certificates examined by me.
2. I further certify that the players listed above reside within the League's boundaries as set forth in the **DBB Rules** and have played in scheduled games in accordance with the **TOURNAMENT REGULATIONS**.
3. **I certify that all coaches have successfully completed a background check and are eligible to coach.** I have carefully read Page #2 of this affidavit and have complied with the requirement to submit information as requested.

I certify that information is correct as listed: Check Box: () League President or Representative (Signature) _____ League Contact Phone () ____ - ____
Street Address _____ City _____ State/Zip _____ Email Address _____

