



ALL STAR Parent's Player Nomination Acceptance Form

Player's Name _____ Phone Number(s): _____

Parents' Names _____ E-Mail Address: _____

Address: _____ City: _____ Zip: _____

Spring Season Division/Team: _____ Team Manager: _____

I acknowledge that my child has been nominated for potential selection to a Toluca Baseball All Star team and accept the nomination in accordance with Toluca Baseball's All Star Selection and Participation Policy. By signing below, I accept the nomination and agree to comply with each provision of the Policy and specifically acknowledge the following:

- 1) Invitations to participate in All Stars are earned each Spring season based on performance, sportsmanship, teamwork, and commitment. There are no "year to year" entitlements to participate in All Stars extended to anyone.**
- 2) Players placed on any All Star team shall NOT participate, in any way, with any other baseball team or club team until their Toluca All Star commitment is fulfilled.**
- 3) Nominees must meet all league and PONY Baseball All Star eligibility requirements. Nominees MUST be available for all Pre-All Star and PONY Baseball sanctioned tournaments, which includes from Closing Day of the Spring season through July 30. Players who are NOT fully available during that time shall not accept the nomination.**
- 4) Full payment of approved All Star Fees, intended to cover all tournament costs, uniforms, venue fees and All Star recognition by the league, must be included with this Nomination Acceptance form. Payments for nominated players who are NOT placed on an All Star team will be returned to the players' parents within seven days of the formation of the team(s). Scholarships are NOT available for any post season All Star play.**
- 5) The failure of any All Star player to fully participate as set forth in this policy shall make that individual ineligible for All Star player nomination in the subsequent year's All Star season. In very limited circumstances, upon written request from the player's parent(s), the league President, in consultation with the All Star Commissioner, may excuse a player's stated obligations.**

Parent's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

*Return this form to the League via US MAIL to PO BOX 2171, Toluca Lake, CA 91610 no later than **April 30th** together with a check made payable to Toluca Baseball, Inc. in the amount of \$160 and a copy of the nominated player's birth certificate. Without the birth certificate and check, the player will be ineligible for All Stars. Contact the All Star Commissioner with questions (for contact info, www.toucabaseball.com).*

To be Completed by League: Date Rec'd _____ Initials: _____ Payment: _____