



Lou Casagrande Baseball Tournament

Registration

Complete registration includes submission of:

- Registration Form
- Signed Waiver/Liability Form
- \$300.00 check payable to **Ludlow Baseball Association, Inc.**

Please Check One:

U11 Division

U13 Division

U15 Division

	Player's Name	Date of Birth
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

I certify that, to the best of my knowledge, all information contained on this team roster is correct.

Team Name

Head Coach Signature

Address:

Print Name



Lou Casagrande Baseball Tournament

Waiver/Release of Liability

NAME OF TEAM: _____

TOWN: _____

READ BEFORE SIGNING:

In consideration of being allowed to participate in any way in the Lou Casagrande Baseball tournament, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the tournament is significant, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation; and
4. I, for myself and on behalf of my heirs, HEREBY RELEASE AND HOLD HARMLESS THE LUDLOW BASEBALL ASSOCIATION, their officers, officials, and other participants; WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENTS/GUARDIANS SIGNATURE SHOULD BE ON THE SAME NUMBERED LINE AS PLAYER'S NAME APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements. Parent or legal guardian of each youth player must sign below.

PLAYER NAME (please print)	PLAYERS SIGNATURE	PARENT/GUARDIAN SIGNATURE	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releases, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in this tournament as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

TEAM MANAGER'S AFFIDAVIT - I, the manager of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all parents or guardians signed the above in their own handwriting.

MANAGER'S SIGNATURE: _____

DATE: _____