

2015 Whitnall Tournament

TEAM ROSTER / WAIVER

Please print or type all info and get parent signatures which must be turned in prior to your first game.

TEAM NAME: _____

TEAM AGE (circle one): 8U 9U 10U 11U 12U 13U 14U 16U

This is to certify that I, as parent or legal guardian of a player on the above listed Softball/Baseball Team, do hereby grant permission to the adult manager, coach and business manager of the team to obtain medical care from any physician, hospital, or medical clinic, for any named player listed herein at such time as either parent or legal guardian cannot be contacted in person. This authorization shall include all team activities, games and travel to and from those activities and we do hereby waive, release, absolve, indemnify, and agree to hold harmless Whitnall Youth Baseball, Inc. and the Village of Hales Corners, the organizers, sponsors, supervisors, officials, game fields, participants, and persons transporting to and from those activities, for and claim arising out of any injury to the players listed during the 2015 Whitnall Tournaments.

	MANAGERS & COACHES	CONTACT #	EMAIL ADDRESS
1			
2			
3			
4			

	PLAYER NAME	#	CONTACT #	DOB	PARENT SIGNATURE
1					
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