

BROOKFIELD BULLDOGS 2017 BASEBALL TOURNAMENT

Roster and Waiver Form

This form must be turned in to the Field Marshall before your first game or emailed to cjguy19@hotmail.com for team/players to be eligible for tournament play. If emailing, please indicate Club/Age Group in the subject line.

Team Name: _____

Age Group: U8 U9 U10 U11 U12 U13 U14 (Circle One)

Head Coach: _____

This is to certify that I, as the parent or legal guardian of a player on the above mentioned baseball team, do hereby grant permission to the adult manager, coach, and business manager of the team to obtain medical care from any licensed 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 the Brookfield Bulldog Baseball Organization, organizers, supervisors, officials, game fields, participants and persons transporting to and from those activities for any claim arising out of any injury to the players listed.

| Number | Player Name (First Last) | Date of Birth | Signature of Parent or Legal Guardian | Date |
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The signatures above indicate that the waiver was read, understood and signed freely and voluntarily.