Screaming Eagles Baseball Tournament Roster & Waiver Form

This form must be received prior to your first game for the teams/players to be eligible for tournament play. Return the completed form to the concession stand before your first game of the tournament.

Team Name: _____

Age Group: U9 U10 U11 U12 U13 U14 U15 U16

Coach's Name:_____ Contact number:_____

Email: _____

This is to certify that I, as parent or legal guardian of a player on the above mentioned baseball team have read the attached RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT and agree to all of its terms. All players must be listed with proper signatures and date signed. Please print all information except for signatures. The signatures indicate that the RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT was read, understood and signed freely and voluntarily.

Number	Name (first, last)	DOB	Parent/Guardian Signature	Date