Wm. S. Hart Baseball
Memorial Day
Baseball Tournament
May 22nd – May 25th, 2009

Division:

8U___9U___10U___11U___12U___13U___14U___16U___Police/Fire___
Age as of 4/30/08

Team Name:_____Managers Name:_____

Cell No:_____Email Address:_____

Roster/Certification

This is to certify that I am signing as a parent or guardian of a player on the team and division listed below and herby grant permission to the adult manager or coach of the team to obtain medical care from any licensed physician, hospital or medical clinic for the player named next to my signature. This is for such time a parent or legal guardian cannot be contacted in person or telephone. This authorization shall include all league activities; and we hereby waive, release, absolve, indemnify; and agree to hold harmless Pony Baseball, Wm. S. Hart Baseball & Softball, the organizers, supervisors, participants, as well as persons transporting the player to and from those activities, for any claim arising out of injury to the player.

Players Name	League Age	Birth date	Parent/Guardian Signature

We certify that players participating in this tournament, as listed herein are covered by proper Insurance of a primary nature, sufficient to cover any and all loss that may occur due to injury while participating in the 2009 Memorial Day Tournament.