Waupun Tourney on the Turf
Roster and Waiver Form

This form must be received prior to your first game for the team/players to be eligible for tournament play. Return the completed form to the tournament director.

Team Name: _____ Age Group: U8 U9 U10 U11 U12 U13 U14 (circle one) Coaches Name: _____

This is to certify that I, as 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 Waupun Little League; the 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.

Contact Name: _____

Contact Number for weekend: _____

All players must be listed with proper signatures and date signed. Please print all information except signatures.

Number	Player Name (first last)	Birth Date	Signature of Parent or Legal Guardian	Today's Date