Team Roster and Waiver Form

Memorial Weekend Softball Frenzy

Sponsored by Pikesville Sports Promotions &
Westminster Jaycees Girl's Softball Association

- ❑ Tournament
- ❑ League

Date:_____

PARENT'S WAIVER: I, the undersigned parent, certify that my child, named adjacent to my signature, has my permission to participate in the games and related activities of the Memorial Weekend Softball Frenzy. I acknowledge and understand that softball is a dangerous sport and that there is a possibility of injury to my child. In consideration for my child's participation in the game of softball, I hereby release, acquit and forever discharge indemnity, and hold harmless from any and all claims, demands, actions or causes of action for liability for damages arising out of, or in any way related to, my child's participation in softball tournament play, Pikesville Sports Promotions, Westminster Jaycees Girl's Softball Association, Westminster Area Recreation Council and the Baltimore Jewish Community Center, all of its tournament representatives, officers, directors, employees, organizers, agents, volunteers and representatives.

NOTICE: The Memorial Weekend does not provide any form of participation medical coverage**. Medical** Insurance coverage is the responsibility of the participating teams

ALL PARTICIPANTS PLAY AT THEIR OWN RISK! THIS AUTHORIZATION IS IN EFFECT FOR THE PERIOD OF ACTIVE TOURNAMENT PLAY ONLY.

TEAM NAME		AGE GROUP	ORGANIZATION		
COACH CONTACT NAME			ASSISTANT'S NAME		
COACH/CONTACT ADDRESS			ASSISTANT'S ADDRESS		
PHONE (H)	(W)	CELL:	PHONE (H)	(W)	CELL:
E-MAIL			E-MAIL		

#	PLAYER'S NAME	ADDRESS & ZIP	D.O.B.	PARENT'S SIGNATURE	DATE