

PBBL / PICO BOYS BASEBALL LEAGUE TOURNAMENT & LEAGUE ROSTER

TEAM NAME: _____ DIVISION: _____ PROOF INS.: Y N EVENT: _____

MGRS NAME: _____ PHONE: _____ EMAIL: _____

#	PLAYER NAME	D.O.B.	PARENT SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

My team, its players, and parents of players who have signed above, and all other participants and representatives, HEREBY CERTIFY THAT, we hold harmless PBBL Tournaments / Pico Boys Baseball League, its tournament authorities, umpires, league representatives, and all other participants from any injury due to their participation in any PBBL event.

We also certify that those players participating in the 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 a PBBL event. I also certify that all names and birthdates listed herein are true and correct, and I will possess a copy of said players Birth Certificates at all times.

Managers Signature: _____ Date: _____