

San Marcos Youth Baseball





Date:	Team I	Name:	Manager Name:	Age Di	Age Division:	
Phone:		Email:	Youth Baseball Association:			
Address:		City:	Zip: Tournament:			
additions after this	time are not permitted		ne of tournament check-in, a minimum o ion of the team. Maximum number of pl of the tournament.			
	Jersey #	Player's First Name	Player's Last Name	Date of Birth]	
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including transport SMYB's maximum l	ation to and from this e iability shall be up to ar	e team, hereby gives approval for event, and do hereby waive, rele ny amounts covered by accident	chorization & Waiver of Liability r our team's participation in this event. I ase, absolve, indemnify and agree to hold and/or liability insurance held by SMYB, I ance of our team's application, or in our	d harmless SMYB, its organizers, s no exceptions. I agree to be bour	ponsors, and participants. Industry by SMYB's Code of	
Signature of Team M	lanager or Business Mana	nger		Date		
organical or realitationager or pasificas manager			Date			