



FOSTER CITY TOURNAMENT BASEBALL
July 9 – July 15, 2018



TEAM ROSTER / WAIVER RELEASE FORM

	Player #	Name	Address	City	Zip	Phone	Parents Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Team Name: _____

Manager: _____

Manager's Address: _____

Manager's Cell Phone #: _____

E-MAIL Address: _____

By affixing my signature to the team roster, I declare that all of the information above is verified and correct. I further agree to indemnify and hold harmless the City of Foster City Estero Municipal Improvement District 2 and the Foster City Tournament Baseball Tournament volunteer organizers from any injury or liability which results, or is alleged to have resulted from my participation in this program, including any damage to my vehicle as a result of a thrown or batted ball leaving the playing area. I also acknowledge that the children on this team all have his/her own insurance coverage.