## **Redondo Sunset Pony 2018 Father's Day Tournament**

## **Roster and Medical Release Form**

League/ TEAM:	Manager Name:		
Team Name:	Phone_		
Division:	Phone Coach Email Coach Email		
personnel or other league repre licensed physician, hospital or r ill or injured while participating guardian is available to grant incidental to my child's participative, release, absolve, indem	sentatives medical cl g in leagu authoriza pation, in nify and consors, so	to authorize an inic should the particle activities awa tion for emerge cluding transportagree to hold happervisors, partic	ove, I hereby grant my permission to managin d obtain medical care, at my expense, from an olayer, in which my signature is next to, becom y from home, or where neither parent nor lega- ency treatment. I assume all risks and hazard tation to and from the activities; and do hereb harmless Redondo Sunset Pony Baseball, Pon sipants and persons transporting the player to an a injury to the player.
Player Name	AGE	Date of Birth	Parent / Guardian Signature
Tray of Trainio	TIGE	Bute of Birth	Turone / Guardian Signature
	cover an	y and all loss tha	s listed herein are covered by proper insurance at may occur due to injury while participating ir nent.
Signature of League or TEAM (	Official /	Title :	