



Division: U8 U10 U12 U14 (circle one)

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	2019 De Pere Girls Softball Association	De Pere Girls Softball Association
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Name of Team	Name Of Tournament	Name of Tournament Sponsor
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I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

By signing in the column below, you acknowledge you have read and understand the liability waiver and player affidavit information on this from.

Rosters must be submitted to the Tournament director 30 minutes prior to the start of your first game. No changes can be made after this time. Coach must have proof of age for all players available upon request.

	Player Name	Date of Birth	Jersey Number	Parent/Guardian Signature	Bonfide Resident (Street, City, State, Zip)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

As coach of the above softball team, please accept the above team into your tournament. I have personally verified each of the players birthdates and I certify that they are correct. I have acknowledged that all concussion forms and training have been completed. I have received copies of the tournament rules and agree to abide by them. I also have reviewed the release of liability statement with my players and their parents and understand that my team cannot play in such a tournament until it is fully completed.

Coach Name	Contact Phone number during Tournament

**Coach Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_