

Belmont Blasters 2019 End of Summer Bash Baseball Tournament

Team Roster / Waiver Release

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

Team Name _____

Team City _____

Manager _____

Manager Contact Address: _____

Manager's Contact Phone: _____

Manager's Email: _____

Note

*By affixing my signature to the team roster, I declare that all of the information above is verified and correct. I also agree to indemnify and hold harmless the city of Belmont, the Belmont Blasters, volunteers, and the tournament organizers from any injury or liability whatsoever which results (either directly or indirectly), or is alleged to have resulted from, my child's participation in this tournament, including any damage to my vehicle as a result of a thrown or batted ball leaving the playing area. I also acknowledge that my child has his/her own medical insurance coverage.