

FOSTER CITY TOURNAMENT BASEBALL

Memorial Day 8U/9U Tournament

May 28 – May 30, 2022

TEAM ROSTER / WAIVER RELEASE FORM

	Player #	Name	Address	City	Zip	Phone	Parents Signature
1							
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14							
15							

Team Name: _____

Manager: _____

Manager's Cell Phone #: _____

Manager's Address: _____

E-MAIL Address: _____

PARENT'S MEDICAL RELEASE – by signing above, I agree to the following:

I represent that I have authority to agree to all terms herein on behalf of the Participant. Further, I agree to defend, hold harmless, and indemnify each of the FCTB Parties from and against any and all Claims (including attorneys' fees) arising out of, or in any way related to Participant's participation in Foster City Tournament Baseball, any negligence of myself or Participant, any illness or infection or disease or injury or death, any pandemic or public health situation, any COVID-19 or Coronavirus related health issue or exposure, or my right to agree to any terms herein on behalf of the Participant. In case of emergency, I authorize Participant to be treated by emergency personnel (e.g. EMT, First Responder, E.R. Physician)