

BURLINGAME YOUTH BASEBALL ASSOCIATION (BYBA) TOURNAMENT

TEAM ROSTER / WAIVER RELEASE FORM

	PLAYER NO.	NAME	BIRTH DATE	ADDRESS	CITY	ZIP	PHONE NUMBER	PARENT SIGNATURE *
1								
2								
3								
4								
5								
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8								
9								
10								
11								
12								
13								
14								
15								

Team City and Name: _____

Manager: _____

Manager's Contact Address: _____

Manager's Contact Phone No.: _____

Manager's Contact Email: _____

* 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 Burlingame, the Burlingame Youth Baseball Association 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 know that my child has his/her own medical insurance coverage.