

LHGSA 2023

FIELD OF DREAMS OFFICIAL ROSTER

June 2nd -4th 2023

ALL TEAMS MUST CHECK-IN AT LEAST ONE (1) HOUR PRIOR TO THE START OF THE FIRST GAME.

	TEAM NAME	
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AGE DIVISION AND LEVEL (8U, 10U, 12U,14U)

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LEAGUE

	PLAYER NAME (LAST NAME, FIRST NAME)	BIRTH DATE MM/DD/YYYY	ASA CARD NUMBER	Parent Signature Signature certifies information is correct and agrees to the youth waiver attached	CHECKED BY STAFF
1					
2					
3					
4					
5					
6					
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9					
10					
11					
12					
13					
14					

- Parents or guardians' signature shall be on the same line as the player's name, as it appears on this roster.
- By signing this roster, parent or legal guardian acknowledges that the date of birth is correct and valid. The parent or legal guardian also releases LHGSA, and the City of La Habra of all liabilities and or injuries which may occur for the duration of the tournament as defined in youth waiver attached.
- TEAM MANAGER'S AFFIDAVIT – I, the manager of the above team, do hereby state that all of the information supplied on this roster form is correct to the best of my knowledge and that all of the parents or guardians having signed the above roster in their own handwriting. I further agree that each player is eligible to compete on my team according to USA Rules. I have read and agree to abide by all the Tournament Rules.

IMPORTANT: Each team manager shall be responsible to keep legal copies of birth certificates or photo ASA cards, etc., at all times during the tournament in the event of a protest.

Manager's Signature: _____ Date: _____

POST COVID-19 Waiver

POST COVID-19 Official Youth Roster Waiver

PLEASE READ BEFORE SIGNING:

In consideration of being allowed to participate in any way in the Tournament, athletics/sports program whether involving team or individual sports and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;
2. The risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist and it is impossible to eliminate the risk that I could become infected through contact with or close proximity to an individual with a communicable disease;
3. Player and Team will adhere to all local and state requirements as they relate to the health and safety of the players and spectators. By signing the attached roster form, parent and/or guardian also certify that prior to play player certifies that they do not have or have been in close contact with anyone that may have the COVID-19.
4. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
5. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and,
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS La Habra Girls Softball Association (LHGSA) and the City of La Habra, its officers, officials, agents and/or employees, other participants, sponsoring agencies, directors, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event (collectively, the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT'S/GUARDIAN'S SIGNATURE SHOULD BE ON THE SAME LINE AS PLAYER'S NAME WHERE IT

APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements and verifies that the player's date of birth is correct. Parent or legal guardian of each youth player must sign below. FOR PARENT/GUARDIAN OF PARTICIPANT OF MINORITY AGE: This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.