



Baseball/Softball Tournament Registration Form

Team Information

Team Name:	Coach/Contact:
Address:	City:
State:	Zip:
Cell Phone:	Email:
Tournament Entering:	Tournament Site:
Entry Fee: \$250	Date:
Age Division:	Boys/Girls?



Team Roster Form

Team Name:	Team Gender	Age/Division:
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	Player Name	Age	Grade	Birth Date	School	Parent/Gaurdian Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						



Consent/Release Form

Medical Waiver and Release of Liability (This form must be signed by the parent/guardian of each player before player is eligible to participate in tournament)I, the above signed, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency for the above player D-1 Baseball/Softball tournament play. I, the above signed, in consideration of the players participation in D-1B Baseball/Softball Tournaments tournament, intending to be legally bound, do hereby ourselves, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to our persons or property arising out of the above player's performance or failure of performance from the D-1 Baseball/Softball Tournaments, their agents, representatives, successors and assigns.

As Coach/Team Representative, of the (Team Name)_____ I certify that the information within is correct to the best of my knowledge. I understand that should a protest arise concerning the eligibility of any players participating on my team, that it will be necessary that proper documentation (i.e. Birth Certificate, Report Card) be made available verifying the player's eligibility in the age group in which that player is participating. It is understood that should one of my players be found ineligible, that the player will not be able to continue participating in the tournament. I understand that the team I represent is responsible for proof of insurance coverage.

Print Name: _____ Signature: _____

Date: _____