

Greensburg Summer Slammer Fast Pitch Tourne

Team Name: _____ Manger: _____ Age Bracket: _____

By signing below, I acknowledge I have read and I accept the waiver and release of liability at the bottom of this page I also give permission to the team manager, listed at the top of this page, to obtain medical treatment for my minor child in the event I am not available and medical treatment is required.

	Player	Player' Signature	Age	DOB	Parent/Legal Guardian Signature	Date	Shirt #
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Waiver and Release of Liability:

I, above signed player and parent/legal guardian of the minor player agree to accept, assume, and hold harmless the Decatur County Girls Softball Association and its board members, and any affiliates to the Decatur County Girls Softball Association, including the Decatur County Parks Department and the tourney directors and/or any volunteers that have help in any way to put on said tourney of any liability for risk or any injury while willingly participating in the above named tournament.

MANAGER SIGNATURE: _____

OFFICIAL: _____

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