



## 2025 SAPB Pre-All Star Tournament Team Affidavit - Roster & Medical Release Form

**Pony League Name:** \_\_\_\_\_

**Team Name/Division:** \_\_\_\_\_

**Manager's Name:** \_\_\_\_\_

**Manager's Phone:** \_\_\_\_\_

**Manager's Email:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

\* provide copy of current insurance certificate

I, the parent/guardian of the player named above, acknowledges that participation in the Pre-All Star Machine Pitch Tournament hosted by Santa Ana PONY Baseball may result in injury. The above undersigned parent/guardian therefore releases Santa Ana PONY Baseball, its tournament coaches and volunteers associated with the tournament, from all liability or responsibility for any claim, damage or legal action on behalf of the player or player's parents, heirs or personal representatives arising from injury the player may sustain while participating in the activity, including transportation to and from the event. I understand that the manager of my player's team will provide proof of liability insurance to the tournament officials. As parent/legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever condition necessary to preserve the life, limb or well being of my dependent.

	Player Name	Age	Date of Birth	Parent Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Team Manager Signature

X \_\_\_\_\_

We certify that players participating in this tournament, as listed herein, are covered by proper insurance of a primary nature, sufficient to cover any and all loss that may occur due to injury while participating in the 2025 Santa Ana PONY Tournament.

X \_\_\_\_\_

(Signature of League Official/ Title)