Clyde Soto Memorial Tournament Roster Form

Team Name _____ **Division** _____

Manager Name _____

Mailing Address _____

Contact # _____

Roster/Certification Roster due day of game

MANAGERS NOTE: YOU MUST HAVE TEAM INSURANCE

This is to certify that I am signing as a parent or guardian of a player on the team and division listed below and hereby grant permission to the adult manager or coach of the team to obtain medical care from any licensed physician, hospital or medical clinic for the player named next to my signature. This is for such time a parent or legal guardian can not be contacted in person or by telephone. This authorization shall include all league activities; and we hereby waive, release, absolve, indemnify; and agree to hold harmless Visalia Youth Baseball, the organizers, supervisors, participants, as well as persons transporting the player to and from those activities, for any claim arising out of injury to the player.

PLAYERS NAME	#	AGE	BIRTHDATE	PARENT/GUARDIAN SIGNATURE

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 VisaliaYouth Baseball tournament.