## Team Roster and Waiver Form

## Memorial Weekend Softball Frenzy Sponsored by Pikesville Recreation and Parks Council

|        | Tournament    |  |  |  |  |  |  |
|--------|---------------|--|--|--|--|--|--|
|        | Spring League |  |  |  |  |  |  |
|        | Fall League   |  |  |  |  |  |  |
| Date:_ |               |  |  |  |  |  |  |
|        |               |  |  |  |  |  |  |

PARENT'S WAIVER: I, the undersigned parent, certify that my child, named adjacent to my signature, has my permission to participate in the games and related activities of the Pikesville Recreation Council. I acknowledge and understand that softball is a dangerous sport and that there is a possibility of injury to my child. In consideration for my child's participation in the game of softball, I hereby release, acquit and forever discharge indemnity, and hold harmless from any and all claims, demands, actions or causes of action for liability for damages arising out of, or in any way related to, my child's participation in softball play, including tournament play, the Pikesville Recreation Council and all of its coaches and tournament representatives, its officers, directors, employees, agents, volunteers and representatives.

NOTICE: The leagues and tournaments, which the Pikesville Recreation Council operates, do not supply any form of medical coverage. ALL CHILDREN MUST PLAY AT THEIR OWN RISK.

THIS AUTHORIZATION IS IN EFFECT FOR A PERIOD OF ONE (1) SEASON OR TOURNAMENT FROM THE DATE GIVEN.

| TEAM NAME AGE GROUP   |               |  |               |  | ORGANIZATION |                     |  |                |       |       |  |
|-----------------------|---------------|--|---------------|--|--------------|---------------------|--|----------------|-------|-------|--|
| COACH CONTACT NAME    |               |  |               |  |              | ASSISTANT'S NAME    |  |                |       |       |  |
| COACH/CONTACT ADDRESS |               |  |               |  |              | ASSISTANT'S ADDRESS |  |                |       |       |  |
| PHONE (H) (W)         |               |  | CELL:         |  |              | PHONE (H)           |  | (W)            | CELL: | CELL: |  |
| E-MAIL                |               |  |               |  |              | E-MAIL              |  |                |       |       |  |
| #                     | PLAYER'S NAME |  | ADDRESS & ZIP |  |              | D.O.B. PARENT'S S   |  | SIGNATURE DATE |       |       |  |
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