Five Diamonds, INC. Baseball Tournament
Roster and Waiver Form

This form must be received prior to your first game for the team/players to be eligible for tournament play. Return the completed form to Brad Henes via email henes@sbcglobal.net or before your first game of the tournament.

Team Name: _____ Age Group: U8 U9 U10 U11 U12 U13 U14 (circle one) Coaches Name: _____

Contact Name: _____ Contact Number for weekend: _____

This is to certify that I, as parent or legal guardian of a player on the above mentioned baseball team have read the attached RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT and agree to all of its terms.

All players must be listed with proper signatures and date signed. The player number and name will be listed in the tournament program. Please print all information except signatures.

Number	Player Name (first last)	Birth Date	Signature of Parent or Legal Guardian	Today's Date

The signatures above indicate that the RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT was read, understood and signed freely and voluntarily.