

# HMB Pirates Memorial Day Tournament

## Team Roster / Waiver Release Form (Turn in at Saturday Registration)



	Jersey #	Name	Address	Phone	Parents Signature
1					
2					
3					
4					
5					
6					
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8					
9					
10					
11					
12					
13					
14					

**Team Name:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

**Coach's Cell # :** \_\_\_\_\_

**email:** \_\_\_\_\_

By affixing my signature to the team roster, I declare that all of the information above is verified and correct. I further agree to indemnify and hold harmless the City of Half Moon Bay and Tournament volunteer organizers from any injury or liability which results, or is alleged to have resulted from my participation in this program, including any damage to my vehicle as a result of a thrown or batted ball leaving the playing area. I also acknowledge that the children on this team all have his/her own insurance coverage.