Erin Youth Baseball Club
Rangers Rumble Tournament
Bantam/Coach Pitch (U7/8) / 1st/2nd Grade

Waiver of Liability

Date: _____ Team Name: _____

Head Coach's Name: _____

HC Phone # _____ HC Email: _____

Assistant Coach or Team Manager's Name: _____

AC/TM Phone # _____ HC/TM Email: _____

This is to certify that I, as parent or legal guardian of a player on the

_____ Baseball team, do hereby grant permission to the adult manager, coach and/or manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic, for any named player listed herein at such time as either parent or legal guardian cannot be contacted in person. This authorization shall include all team activities, games and travel to and from those activities and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Erin Youth Baseball Club organization, the organizers, supervisors, officials, game fields, participants, and persons transporting to and from those activities, for and claim arising out of any injury to the players listed. The signatures below indicate that the waiver has been read, the contents are understood, and was signed freely and voluntarily. All players must be listed with proper signatures signed.

Player's Name	Parent/Legal Guardian	Phone#	Parent/LG Signature