

# Merton 2018 Scrimmage Tournament Authorization and Liability Waiver Form

Team: \_\_\_\_\_ Age/Grade Bracket: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Phone (best # during event): \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone (best # during event): \_\_\_\_\_

This is to certify that I, as parent or legal guardian of the below named player on the \_\_\_\_\_ baseball team, grant permission for the child to participate in the Merton Mavericks Scrimmage Tournament on April 27, 28 and 29, 2018. By signing, I agree to grant permission to the adult managers and coaches of the team to obtain medical care from any licensed physician, hospital or medical clinic for my child/player listed herein at such times that I, as parent or legal guardian, cannot direct care in person. This authorization shall include all team activities, games and travel to and from those activities. Further by signing, I do hereby waive, release, absolve, indemnify and agree to hold harmless the Merton Athletic Association, Village of Merton, Merton School District, North Lake School District, Village of North Lake, City of Sussex, MAA officers, directors and volunteers; the organizers, supervisors, officials, game fields, participants and persons transporting to and from those activities, for any claim arising out of any injury to my child/player listed as a result of participation or attendance at the Scrimmage.

	<u>Player Name</u>	<u>Parent/Guardian Signature</u>	<u>Date</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

By signing below, I certify that the above list of players represents all the participating players on our team and that parent / guardian signatures and dates are authentic.

Signature/Date of Team Coach or Manager: \_\_\_\_\_