



PCRD YOUTH TOURNAMENT ROSTER



Liability Waiver: I do hereby agree to play baseball/softball for _____ (team name) in the Payette County Recreation District's _____ (tournament name) during the _____ **season**, and to abide by the rules of said tournament. I understand that due safety precautions will be taken, but injuries are a natural part of the activity. In the event of an injury or accident, the Payette County Recreation District, any game official, recreation directors, nor the coach or the players of any participating team will be held responsible, and I do hereby waive, relinquish, and release any and all rights to damages which may be sustained.

PLEASE PRINT NEATLY					
PLAYER'S NAME	ADDRESS	CITY, STATE	PHONE	DATE OF BIRTH	PARENT SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
TEAM MANAGER INFORMATION					
Name:			Home Number:		
Address:			Work Number:		
City, State, Zip:			Cell Number:		
Email:			Fax Number:		

For PCRD use only	
Tourny Name:	
Dated Entered:	
Paid & Check #:	