Tea	m			Coach		
	ision			Coach		
	nager			Coach		
	t Contact #	<u>‡</u>		Proof of Insurance O Birth of	Certificates O Payment O	
			or each pla	yer. Not having a Birth Certificate	•	
_			-	_	e your first game, once turned in no	
	tions.	,		•	,	
playe recei signa West of su	e players parti ers permission ve while parti ture below, o bury Little Lea	cipating in Select Baseball, or any oth to play such baseball. We also under cipating in such baseball. Therefore, in behalf of ourselves and each player ague, its directors, officers, members whether such injuries are anticipated	er youth bas stand and a n considera , hereby relo and volunte	seball, and have voluntarily assumed the cknowledge that protective equipment ion of these players participating in the case the organizers, volunteers, and paers; and the City of Houston from liabi	and acknowledge that there are inherent risks in hose risks on these players 'behalf by granting the t cannot prevent all injuries these players might be Westbury Classic Tournament, we, by our articipants of the Westbury Classic Tournament; lility for any and all injuries, regardless of the cause e players during participation in the Westbury	
We further agree, by our signature below, that all Westbury Classic Tournament organizers, volunteers, and participants; Westbury Little League, its directors, officers, members, and volunteers; and the City of Houston shall be saved and held harmless by those named below from and against any and all claims, damages, losses or liability of any type for any injury to any player below, received or sustained from the players' participation in the Westbury Classic Tournament, including claims and damages arising in whole or in part from the negligence and/or gross negligence of Westbury Classic Tournament organizers, volunteers and participants; Westbury Little League, its directors, officers, members and volunteers; and the City of Houston.						
In case of emergency, by our signature below, authorize these players to receive qualified medical assistance; further, we hereby authorize these players to be treated by a qualified, licensed physician who is available. We acknowledge that we have read this Release and Indemnity, understand its terms, and have executed it voluntarily, with full knowledge of its significance on this						
	Jersey #	Player Name	N .	Parent/Guardian Signature	Date of Birth	
1					/	
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3						
4			1-	CTRITE	V	
5				9 1 D U 1		
6	77-17	IIRNAM		IT ASSI	ICTA TION	
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