



2023 FIGHT TO THE FINISH  
Roster & Waiver Form

**This roster/waiver form, and a copy of your team insurance must be submitted prior to your first scheduled game (either electronically or in-person at registration).**

**Team:** \_\_\_\_\_ **Age Bracket (circle one):** 8U 10U 12U 14U

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

Completing & signing this form is a certification that the parents or legal guardians of the below named players have read & accept the following waiver & release form. This authorization recognizes and accepts all risk related to softball team activities and games, tournament attendance, and travel to and from those activities. This authorization also recognizes that the participant and their parents or legal guardians have read and agree to comply with the tournament rules and personal conduct expectations (available on fallsangels.com or provided to Head Coaches). Further by signing, as parent or legal guardian, I do hereby waive, release, absolve, indemnify, and agree to hold harmless Falls Angels Softball, Inc., Village of Menomonee Falls, and 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 event.

Player Name & Number:	Birth Date:	Signature of Parent / Legal Guardian
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 are the appropriate age for the event and represent all the participating players on our team for this tournament; and the parents of my club have authorized their participation.

**Head Coach Signature:** \_\_\_\_\_