USA Softball So Cal Santee BRING ON THE HEAT Tournament JUNE 9-11, 2023

8U	10U	12U	14U	Team Name:	League Affiliation:						
Manager Name:					Manager Contact Number:						
l cert	ify that	to the k	est of n	ny knowledge and beli	ef:						
1.	 All the information below is true and correct. 										
2.	2. This team is covered by insurance.										
3.	3. I have read and understand the tournament rules.										
4.	4. I will adhere to the code of conduct set forth by the hosting League and USA Softball.										
5.	. Tamı	respons	ible for	my team and its assoc	ates.						
Mana	ager Sign	nature:									

	Player's Name (First and Last)	Date of Birth	Age	Parent/Guardian Signature	USA Softball ID #
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