



MEQUON HEAT

MEMORIAL WEEKEND SHOOTOUT

BASEBALL

TOURNAMENT



May 25-26, 2024

Tournament Details

Location: Mequon-Thiensville
Rennicke Field, Lemke Fields,
Rotary Park, Thiensville Village Park,
River Barn Park

Cost: \$450
(\$50 discount for entering three teams
from your organization or for entering
the Highlander Battle July 12-14)

Mail this form with \$450 check
Payable to Mequon Heat

Memorial Weekend Shootout
c/o Steven Wirth
PO Box 633
Mequon, WI 53092



TOURNAMENT DATES

SATURDAY, MAY 25TH U9, U11 & U13

SUNDAY, MAY 26TH U10, U12 & U14

MONDAY, MAY 27TH RAIN OUT MAKE-UP DATE

**Some Teams will Play Friday Night May 24th*

One Day B/C Tournament
By Age Group U9 - U14
Three Game Guarantee

Team Name: _____

Date: _____

Age Group: _____

Completed Roster/Waiver form & Proof of Team insurance must be emailed to Steven Wirth **ONE WEEK PRIOR** to tournament. Contact Steven Wirth at sjwirthit@yahoo.com or phone 414-640-4667.

Coach's Information

Name: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Coaches Signature: _____

Roster and Waiver Form

Memorial Weekend Shootout May 24-27, 2024

2024 Baseball Tournament – Age Group U9 – U16

This form should be completed, along with a copy of team insurance and emailed to sjwirthit@yahoo.com one week prior to tournament.

Team Name: _____ **Age Group:** _____ **Coach's Name:** _____

This is to certify that I, as parent or legal guardian of a player on the above mentioned baseball team, do hereby grant permission to the adult manager, coach and business manager of the team to obtain medical care from any licensed physician, hospital or medical clinic for any named player listed herein at such time as either parent or legal guardian cannot be contacted in person. This authorization shall include all team activities, games and travel to and from those activities and we do hereby waive, release, absolve, indemnify and agree to hold harmless David Wade, Steven Wirth, Mequon Heat, Mequon Thiensville Little League, City of Mequon ; and Village of Thiensville ; the organizers, supervisors, officials, game fields, participants and persons transporting to and from those activities for any claim arising out of any injury or illness to the players listed. All teams require proof of insurance for the team or organization.

All players must be listed with proper signatures and date signed. Please print all information except signatures.

<u>Player Number / Name</u>	<u>Birth Date</u>	<u>Signature of Parent or Legal Guardian</u>	<u>Date</u>
____/____	_____	_____	_____
____/____	_____	_____	_____
____/____	_____	_____	_____
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____/____	_____	_____	_____

The signatures above indicate that the waiver was read, understood and signed freely and voluntarily.