



MEQUON HEAT HIGHLANDER BATTLE BASEBALL TOURNAMENT



JULY 12-14, 2024

Tournament Details

Location: Mequon-Thiensville
Rennicke Field, Rotary Park &
Thiensville Village Park

Cost: \$450
(\$50 discount for entering
three teams from your
organization or for entering the
Memorial Weekend Shootout
on May 24-26, 2024)

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

Highlander Battle c/o Steven Wirth
PO Box 633
Mequon, WI 53092

TOURNAMENT SCHEDULE

FRIDAY, JULY 12TH U15/U16

*Some U9-U14 Teams will Play Friday Evening

SATURDAY, JULY 13TH U9, U11, U13 & U15/U16

SUNDAY, JULY 14TH U10, U12, U14 & U15/U16

**One Day B/C Tournament
By Age Group U9 - U16
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

Highlander Battle July 12-14

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, Homestead High School, 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 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.