



WALNUT PONY BASEBALL

Team Roster & Parent Authorization Form

Team Name:

Manager:

Address:

City:

Zip Code:

Number:

Email Address:

Division: _____ 4u _____ 5u or 6u _____ 7u or 8u _____ 9u or 10u _____ 11u or 12u

Players Name	League Age	Birth Date	Parent Signature
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

We, as the parents or guardians of the players listed above, do hereby give our approval for their participation in all WALNUT PONY BASEBALL league activities. I hereby grant my permission to managing personnel or other league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or where neither parent nor legal guardian is available to grant authorization for emergency treatment. We assume all risks and hazards incidental to our players' participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless WALNUT PONY BASEBALL, PONY BASEBALL, INC., CITY OF WALNUT, the organizers, sponsors, supervisors and participants for any and all claims arising out of an injury to the player.

MANAGERS VERIFICATION: This is to certify that this roster does not include any assumed names and all players conform to eligibility rules governed by WALNUT PONY baseball.

Manager Signature:

Date: