	WAIVER OF LIABILIT	<u>Y</u>	
OUTH BASEBAT			
EAM NAME:	DATE:		
D COACH'S NAME:	CONTACT PHONE:		
y licensed physician, hospital, ardian cannot be contacted in tivities and we do hereby waiv ganization, the organizers, sup tivities, for and claim arising c	or legal guardian of a player on the	t such time as either parer ities, games and travel to less the Pewaukee Youth ns transporting to and from	nt or legal and from those Baseball n those
<u>ALL PLAYERS M</u>	UST BE LISTED WITH PROPER SIGNATU	RES AND DATE SIG	<u>NED</u>
PLAYER'S NAME	<u>PARENT/LEGAL GUARDIAN</u> <u>SIGNATURE</u>	PHONE #	DATE

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