

East Long Beach Pony Baseball - Charity Softball Team Roster & Liability Release

Team Name: (12 letters max)													
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Team Manager

Assistant Manager

Name:		Name:	
Cell Phone:		Cell Phone:	
Email:		Email:	

LIABILITY RELEASE

IMPORTANT – EACH PLAYER READ BEFORE SIGNING:

As a member of the team listed herein, I understand the risks and dangers inherent in a competitive sports program, and intending to be legally bound, I hereby agree to assume the risks and to release and hold harmless the East Long Beach Pony Baseball League and its representatives for damages which may result from participation in said activities. By signing, I agree to the terms set forth.

TEAM ROSTER

T-Shirt size	Player Name (print)	Signature	ELB Affiliation Team/Division	ELB Player Representing	Relationship to ELB Player
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

MANAGER'S CERTIFICATION

IMPORTANT – EACH MANAGER MUST READ AND SIGN:

I, _____, manager of the above listed team do hereby certify that all players listed on this team roster are eligible to participate according to the ELB Charity Softball rules and regulations as they pertain to player eligibility. Also as team manager, I do hereby agree to act as sole communicator for the team in all discussions involving tournament personnel or game officials.

MANAGER'S SIGNATURE: _____ **DATE:** _____