

King of Kings Baseball Tournament

Tournament Date _____



Team Name: _____ 8U _____ 9U _____ 10U _____ 11U _____ 12U _____ 13u _____

Managers Name: _____ Cell No: _____

Address: _____

Team type: (Travel, All-star, Rec) _____ Email: _____

Cut-off age date is May 1, 2018. Player's age as of May 1, 2018 will be the playing age for this tournament.

Roster/Certification Roster due day of game

MANAGERS NOTE: YOU MUST HAVE TEAM INSURANCE

This is to certify that I am signing as a parent or guardian of a player on the team and division listed above and hereby grant permission to the adult manager or coach of the team to obtain medical care from any licensed physician, hospital or medical clinic for the player named next to my signature. This is for such time a parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities; and we hereby waive, release, absolve, indemnify; and agree to hold harmless City of Hanford Recreation Department, The **King of Kings Baseball Tournaments** Club, the organizers, supervisors, participants, as well as persons transporting the player to and from those activities, for any claim arising out of injury to the player.

Players Name	Uniform #	Age	Birth Date	Parent/Guardian Signature

We certify that players participating in this tournament, as listed herein are covered by proper Insurance of a primary nature, sufficient to cover any and all loss that may occur due to injury while participating in the King of Kings Baseball Tournament.

Team entry paid _____ Verified birth certificates _____ Verified team insurance _____

Staff Member Signature _____