King of Kings Baseball Tournament



To	urn	am	ent	D	ate

Team Name:		8l	J 9U	10U	_ 11U	12U	13u	14U	16U	18U		
Managers Name:			Cell No	0:								
Address:												
Team type: (Travel, All-star, Rec) Email:												
<u>Cut-off age date is May 1, 2020. Player's age as of May 1, 2020 will be the playing age for this tournament.</u> *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 Da	ate	Pa	rent/Gu	ardian S	ignature				
						•						
We certify that players participa any and all loss that may occur of	-						-	rimary nat	ure, suffici	ient to cover		
Те	am entry paid	Ver	ified birth cer	tificates	Verifie	ed team in	surance					
Staff Member Signature												