



PCRD YOUTH TOURNAMENT ROSTER

Liability Waiver: I do hereby agree to play baseball/softball for _____ (team name) in the Payette County Recreation District's _____ (tournament name) during the _____ season, and to abide by the rules of said tournament. I understand that due safety precautions will be taken, but injuries are a natural part of the activity. In the event of an injury or accident, the Payette County Recreation District, any game official, recreation directors, nor the coach or the players of any participating team will be held responsible, and I do hereby waive, relinquish, and release any and all rights to damages which may be sustained. Managers/Coaches please check mark the division box below for your team.

PLEASE PRINT NEATLY					
PLAYER'S NAME	ADDRESS	CITY, STATE	PHONE	DATE OF BIRTH	PARENT SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

TEAM MANAGER INFORMATION

Name: _____ Home Number: _____
 Address: _____ Work Number: _____
 City, State, Zip: _____ Cell Number: _____
 Email: _____ Fax Number: _____

Coaches please check the box for team division:		GIRLS	U10	UNDER 10 YRS OLD
BOYS	MINORS	GIRLS	U12	UNDER 12 YRS OLD
BOYS	MAJORS	GIRLS	U14	UNDER 14 YRS OLD
		GIRLS	U16	UNDER 16 YRS OLD

For PCRD use only	
Tourney Name:	
Dated Entered:	
Payment option	