

2020 GameFace Athletics Summer Baseball

Liability Waiver: I do hereby agree to play baseball for _____
 Athletics Summer Baseball Classic, and to abide by the rules of said tournament. In the event of an injury, all necessary
 precautions will be taken, but injuries are a natural part of the activity. In the event of an injury, all necessary
 GameFace Athletics Summer Baseball Classic, any game officials, tournament directors, and the organizers of
 any participating team will be held responsible, and I do hereby waive, relinquish, and release the organizers from
 damages which may be sustained.

Division Participating: (Please Circle One Below)

9U 10U 11U60 12U60 11U70 12U70 13U70

Team Name: _____



PLAYER'S NAME	UNIFORM#	BIRTH DATE	AGE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
Team Manager:			
Address:			
City, State, Zip			
Team Manager Signature:			
Assistant Coach:			
Assistant Coach:			

all Classic Roster

_____ (team) in the 2020 GameFace
 ment. I understand that due safety
 event of an injury or accident, 2020
 irectors, nor the coach or the players of
 ish and release any and all rights to

13U80

Parent Signature
Home Phone:
Cell Phone:
Email:
Date:
Cell Phone:
Email:
Cell Phone:
Email: