

WYSA 42ND ANNUAL KATHY NICOTHODES MEMORIAL TOURNAMENT

_____, its players, parents of players who have signed below, and all other participants and representatives, HEREBY CERTIFY THAT we hold harmless Walnut Youth Softball Association, Tournament Authorities, Umpires, League Representatives, City of Walnut, and all other participants from any injury due to their participation in the Memorial Weekend Tournament.

We certify and warrant that those 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 Memorial Weekend Tournament.

LEAGUE _____ DIVISION _____

MANAGER _____ CELL NUMBER : _____

COACH _____ CELL NUMBER _____

	PLAYER NAME (LAST NAME, FIRST NAME)	AGE	BIRTH DATE MM/DD/YYYY	PARENT SIGNATURE	CHECKED BY STAFF
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Insurance Company: _____ Policy Number _____

By completing this form, I, the Manager, verify that all the information on this roster is true and accurate.