

Lou Piccolotti Classic

June 8–June 12, 2011

TEAM ROSTER / WAIVER RELEASE FORM

	Player #	Name	Address	City	Zip	Phone	Parents Signature
1							
2							
3							
4							
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7							
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9							
10							
11							
12							
13							
14							
15							

Team Name: _____

Team Division: _____

Manager Name: _____

Manager Phone #s: _____

Manager E-mail: _____

Manager Signature: _____

By affixing my signature to the team roster, I declare that all of the information above is verified and correct. I further agree to indemnify and hold harmless the City of Pacifica and the Lou Piccolotti Classic volunteer organizers from any injury or liability that results, or is alleged to have resulted, from my team's participation in this program, including any damage to any vehicles as a result of a thrown or batted ball leaving the playing area. I also acknowledge that the children on this team all have his/her own insurance coverage.



NATIONAL
LITTLE LEAGUE