

4th Annual Memorial Day Weekend Fun Tournament Player Participation Waiver Form

Minimum 15 Player Rosters Required

First Name	Last Name
Tist Name	
Cell Phone	T-Shirt Size DOB
	M L XL 2X M M - D D - Y
e-Mail Address	
I haraby agree and concent to the following parameters	os conditions of participation in the North County Can Diogo
Men's Senior/ Men's Adult Baseball and San Diego Vetera	as conditions of participation in the North County San Diego
Well's Sellioly Well's Adult basesall and Sall Diego Veter	ans baseban Memorial bay Weekend Full Tournament.
I will observe all rules as established by the North County	San Diego Men's Senior/Adult Baseball League and San Diego
Veterans Baseball.	
I understand that fighting, physical abuse of players, umpires, or spectators, and the use of abusive or offensive language will not be tolerated by the North County San Diego MSBL/MABL and San Diego Veterans Baseball and	
violation of this rule could result in my banishment or suspension from the tournament and forfeiture of all fees paid.	
violation of this rule could result in my banishment of suspension from the tournament and forfeiture of an rees paid.	
I realize that the total responsibility for any injury, accident, incident, illness, or death to me or my person while	
participating in ANY North County San Diego MSBL/MABL and San Diego Veterans Baseball activity, game, practice or	
	kend Fun Tournament are solely mine. I fully realize that any
costs incurred for any reason are mine.	
I realize the North County San Diego MSBL/MABL Staff and facilities do NOT possess a defibrillator.	
By signing this agreement I release the North County San Diego Men's Senior/ Adult Baseball League and San Diego	
Veterans Baseball from any liabilities or cost.	
I fully agree that the terms and conditions of this agreement are binding and all statements are true.	
Player's Signature	Date