



# BOSS



## Boys Of Summer Select Memorial Weekend Shootout Mequon, WI

One day tournament  
Three game minimum (weather permitting)

Saturday May 23, 2020  
U9  
U11  
U13

Sunday May 24, 2020  
U10  
U12  
U14

Monday May 25, 2020  
Rain Make Up

Mequon-Thiensville Fields

Rennicke | Lemke Park | Rotary Park | Thiensville Village Park | River Barn Park

\$400 Entry Fee  
\$50 discount if registering three teams from organization  
\$50 discount if registering for Highlander Battle

Concessions available at each field.  
No carry-in or grilling at the fields

Mail this form with a check payable to **Boss Baseball Academy** to:  
Memorial Weekend Shootout  
c/o Dave Wade  
6922 W Lantern Lane  
Mequon, WI 53092

Contact Dave Wade via email at [dwade100@sbcglobal.net](mailto:dwade100@sbcglobal.net) or phone 414-698-5809 with questions

Team Name: \_\_\_\_\_

Age Group: (Circle One) U9 U10 U11 U12 U13 U14 U15/16

Coach's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Coach's Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

# 2020 Baseball Tournament

## Roster and Waiver Form-Memorial Weekend Shootout May23-25,2020

This form must be turned in on the day of the tournament to the director or preferably mailed back to Dave Wade 6922 W. Lantern Lane, Mequon Wi 53092.  
 All teams require proof of insurance for the team or organization.

Team Name: \_\_\_\_\_ Age Group: U9 U10 U11 U12 U13 U14 U15/16(circle one) Coach's Name: \_\_\_\_\_

This is to certify that I, as parent or legal guardian of a player on the above mentioned baseball team, do hereby grant permission to the adult manager, coach and business manager of the team to obtain medical care from any licensed physician, hospital or medical clinic for any named player listed herein at such time as either parent or legal guardian cannot be contacted in person. This authorization shall include all team activities, games and travel to and from those activities and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Boys of Summer Select; the organizers, supervisors, officials, game fields, participants and persons transporting to and from those activities for any claim arising out of any injury to the players listed.

All players must be listed with proper signatures and date signed. Please print all information except signatures.

<u>Player Number / Name</u>	<u>Birth Date</u>	<u>Signature of Parent or Legal Guardian</u>	<u>Date</u>
/ _____	_____	_____	_____
/ _____	_____	_____	_____
/ _____	_____	_____	_____
/ _____	_____	_____	_____
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/ _____	_____	_____	_____
/ _____	_____	_____	_____
/ _____	_____	_____	_____
/ _____	_____	_____	_____
/ _____	_____	_____	_____

The signatures above indicate that the waiver was read, understood and signed freely and voluntarily.