

Highlander Battle

July 11-12, 2020

Mequon -Thiensville

Tournament: Mequon-Thiensville: Rennie and Lemke Fields/Rotary Park/Thiensville Village Park/
River Barn Park

One Day Tournament by age division-Have time off for one day of weekend
Three game Guarantee. \$400 (discount \$350 if you enter Memorial Weekend) or
(discount \$350 if you have three or more teams entered)

Tournament Dates:

Saturday, July 11: U-9, U-11, and U-13
Sunday, July 12: U-10, U-12, and U-14
U 15/16 both days

Team Name: _____ **Date:** _____

Age Group: U9 U10 U11 U12 U13 U14 U15 /16 (circle one)

Coach's Information

Name: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Coaches Signature: _____

Mail this form with a check payable to: **Homestead Baseball Boosters (\$400.00)** to:

Highlander Battle
c/o Dave Wade
6922 W. Lantern Lane
Mequon, WI 53092

Contact Dave Wade via email at dwade100@sbcglobal.net or phone 414-698-5809
with questions.

There will be no carry-ins or grilling at the park. Any team who fails to follow these guidelines may forfeit their game.

2020 Baseball Tournament

Roster and Waiver Form-Highlander Battle July 11-12

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.
Proof of team insurance required. Cannot enter without organizational or team insurance.

Team Name: _____ Age Group: U9 U10 U11 U12 U13 U14 U 15 / 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 Homestead High School, Homestead Baseball Boosters, 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.

