



**FREEPORT JUNIOR INTERNATIONAL BASEBALL INVITATIONAL
REGISTRATION July 22, 2017**

Team Name: _____ **Age Group (circle):** 9/10 and 11/12

Home Town: _____

Name of Coach: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Home: _____ **Cell:** _____ **Work:** _____

Email Address: _____

Additional Contact Person: _____

Phone Home: _____ **Cell:** _____ **Work:** _____

Email Address: _____

Remember to enclose your entry fee of \$100 payable to:

Freeport International Baseball Invitational

Each team shall bring 6 baseballs.

Release of Liability: We agree to release, hold harmless and indemnify the Freeport International Baseball Invitational Tournament Committee, Freeport Area Little League, NSB, Freeport Community Park Corporation, officials, coaches, umpires, sponsors, and their employees, agents, officers, and directors from any and all liability for injury, or damage to persons, property or economic interest connected with or out of any action taken by them in good faith or out of failure by them to act. Further, I recognize and acknowledge that adverse weather is an act of God and I will accept all decisions about playability of facilities without objection, appeal, or compensation. We certify that each player registered by us for the tournament is covered by an approved insurance plan. We also certify that all players on our roster will be between the ages of 9-10 or 11-12.

Signature: _____ **Date:** _____

Registered Team Coach (REQUIRED)

Submit payment in full and this registration form no later than 7/11/2017. A confirmation and further details about the tournament will be sent to the above Coach. Send this signed form and payment to: Mr.

Chuck Sarver,

107 Second Street, Freeport, PA 16229