

L7 Baseball/Softball Tournament Registration Form (June 2-3, 2018)

Pike County, GA
Pike County Parks & Recreation

Team Name: _____
Age Division: 6U 8U 10U 12U 14U (Circle One) Sport: _____
Coach Name: _____ Organization: _____
Ph #: _____ Email: _____
Address: _____
Coach's Signature: _____ Date: _____

Tournament Date: June 2-3, 2016
Location: 300 County Farm Rd. Williamson, GA
Format: 3 Game minimum- 2 day tournament

To sign up please mail this form along with all fees to:

Leland Shoemake Foundation
PO BOX 371
Williamson, GA 30292
Please make checks payable to:
Leland Shoemake Foundation

Your spot in the tournament is secured once full payment and all necessary paperwork and forms are completed and turned in. All forms without an accompanying registration fee will be considered incomplete. Please include the signed waiver. Cancellations must be made within 72 hours prior to tournament otherwise there is no refund on fees paid.

Entry Deadline: May 27, 2018 (This event could fill up before the deadline)
Register by May 4, 2018 and receive 10% off your registration fees.

All teams must be registered. Insurance is required for all teams participating in the L7 Baseball Tournament. Be sure to send in a copy of this with your registration if applicable.

Fees

6U- \$280
8U- \$300
10U- \$320
12U- \$340
14U- \$360

Visit our website: www.lelandshoemakefoundation.com
Call/Text: (678) 544-4095 Amber Shoemake
Email: lelandshoemakefoundation@gmail.com

Office Use Only

Method of Payment: _____ Check #: _____ Date: _____
Payment Received from: _____



Official Waiver & Release of Liability & Indemnification Form

I, the signed player or the parent or legal guardian of a minor player named on this roster, acknowledge, agree, and understand that: 1.) Voluntarily and of my own free will, I elect to participate as a member of the baseball team, league and the LS Foundation tournament indicated below. 2.) I understand that there are certain risks and hazards involved in participating in baseball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I agree that in consideration for right to play as a member of the team and LS Foundation tournament designated below and in consideration for permission to play on the field arranged for by the team, league or foundation: 1.) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team and LS Foundation tournament so designated, (b) while serving in a nonplaying capacity as a team member or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields arranged for by my team, league or the LS Foundation for practice or play. 2.) I release, discharge and agree not to sue the team, the PCPR, or the LS Foundation designated below or any owner or lessee of the fields on which baseball is played or practiced by my team or the district, or their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, league, field, district or the LS Foundation for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to the negligence, breach of contract or wrongful conduct of these parties hereby released. I further agree that I shall not hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made through me, through me or on my behalf if the damages, injuries or death are cause in whole or in part by any of the parties or entities hereby released, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Player Affidavit

I hereby give permission to the LS Foundation and its local associates to use in and all publications that they may desire, all pictures taken of the undersigned in their publicizing the game of baseball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

Parent/Guardian Affidavit

IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN ROSTER ON PAGE 3. I HEREBY GIVE PERMISSION TO THE LS FOUNDATION AND ALL OF IT'S AFFILIATES, INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYERS WHICH I AM EITHER PARENT OR LEGAL GUARDIAN; IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. I also hereby give permission to the LS Foundation and it's local associates to use in any and all publications that they may desire all pictures taken of the minor player in their publicizing the game of baseball.

Coach's/Team Managers Affidavit

I am the coach of the below mentioned team and, after being first duly sworn, depose and say that all the information supplied below is correct to the best of my knowledge and that all the players or parents signed below in their handwriting and they are eligible to compete with my team in the L7 Tournament by the LS Foundation.

Coach's Name: _____

Coach's Signature: _____

Coach's Address: _____

Coach's Ph #: _____

Coach's Email: _____

Team Name: _____ Age Division: _____

- 1) Each player/parent guardian should read the above statement before completing and signing the roster.
- 2) Parents/guardians signature should be on the same numbered line as the player's name and information.
- 3) By initialing in the above column, the team coach acknowledges to have read and understand the liability waiver and player affidavit information listed above.

NOTE: Team accident insurance is not provided by the LS Foundation or it's affiliates. Each team is required to have their own liability insurance. Note if the team is recreation they are covered through the rec dept.

ALL OF THE INFORMATION ON THIS FORM AND ROSTER IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Print Players Name	Date of Birth	Player/Parent/Guardian Signature	Coach Initials

Coolers and outside food will be allowed. However, coolers are subject to investigation prior to entry into the park. There will be absolutely no alcohol allowed on the premises. If you are found to possess alcohol while attending this event, you will be asked to remove the items from the property prior to being allowed to enter. If you are found to be drinking while inside the gates, you will be removed from the property and not allowed back for the remainder of the event. There is also no smoking inside the park. Pets are not allowed except for service animals. We ask that you please refrain from using profanity in front of children and minors. Thank you all and God Bless.