

**CHARTER OAK SOFTBALL
ALL-STAR TOURNAMENT**

LEAGUE NAME: _____
DIVISION: _____

_____, its players, parents of players who have signed below, and all other participants and representatives, hereby certify that we hold harmless the Charter Oak Youth Baseball and Softball Association, Tournament Authorities, Umpires, League Representatives, City of Covina, and all other participants from any injury due to their participation in the Charter Oak Softball All-Star Tournament.

We certify and warrant that those players participating in this tournament, as listed herein, are covered by proper insurance of a primary nature, sufficient to cover any and all loss that may occur due to injury while participating in the All-Star Tournament.

PLAYER	AGE	DATE OF BIRTH	PARENT SIGNATURE
1. _____	_____	____/____/____	_____
2. _____	_____	____/____/____	_____
3. _____	_____	____/____/____	_____
4. _____	_____	____/____/____	_____
5. _____	_____	____/____/____	_____
6. _____	_____	____/____/____	_____
7. _____	_____	____/____/____	_____
8. _____	_____	____/____/____	_____
9. _____	_____	____/____/____	_____
10. _____	_____	____/____/____	_____
11. _____	_____	____/____/____	_____
12. _____	_____	____/____/____	_____
13. _____	_____	____/____/____	_____
14. _____	_____	____/____/____	_____

**CHECK IN IS NO LATER THAN 1 HOUR BEFORE FIRST GAME. MUST HAVE ROSTER, VTD CARDS
AND LEAGUE INSURANCE.**

MANAGER: _____ PHONE NUMBER: _____
COACH: _____ PHONE NUMBER: _____