



May 31, 2014

Team Name: _____

Manager Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

| Player's Name | Signature (Guardian's Signature if under 18) |
|---------------|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. | |

Medical Release:

I hereby authorize the organizers of the Abby Miller Safe at Home Community Softball Tournament to act for me/my child according to their best judgement in any emergency requiring medical attention, and I hereby waive and release the Abby Miller Safe at Home Community Softball Tournament, its employees and anyone else affiliated with the Abby Miller Safe at Home Softball Tournament, including the owners of fields and facilities utilized for the tournament, from any and all liability for any injuries or illness incurred while at the Safe at Home Community Softball Tournament.

Mail Registration and Payment of \$350.00 to Lori Nask at: 303 Beagle Club Road, West Chester, PA 19382

Checks made payable to; Abby Miller Foundation

Registration Deadline: May 14, 2014