

2010 Gary Bowen Invitational Tournament Team Roster Form

June 23rd through June 27th

Team Name: _____

Age Group: _____ Number of Non-community Players: 0 1 2 Travel Team: Yes No

Manager's Name: _____

Manager's Cell Phone: _____ Manager's Home Phone: _____

Manager's Email: _____

	Player's Name	Birth Date	Parent's Signature *
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

*By affixing the above signature, I do hereby release the Jackson Baseball Association (JBA) and all persons affiliated with the 2010 Gary Bowen Invitational Tournament from any liability as a result of my child's participation. I understand that the JBA will not provide any coverage, medical or otherwise, and the expense of any injury will be borne by me or the sponsoring league's insurance. Furthermore, by signing this form, I am guaranteeing that the birth date listed for my child is indeed accurate and true.