CHEWELAH CHATAQUA TOURNAMENT
CHEWELAH LITTLE LEAGUE
2219 B HEINE ROAD
CHEWELAH WA, 99109
(509) 935-0100 or (509) 936-3179

REGISTRATION/PARTICIPATION WAIVER FORM

DATES: July 8, 9, 10, 2011 **ENTRY FEE:** $250 USD

TEAM NAME: _____

AGE BRACKET: _____ 10 YEAR OLD 12 YEAR OLD _____

COACH #1: _____ PHONE #: _____

COACH#2: _____ PHONE #: _____

As a parent/guardian of **Child listed below**, I give my consent to his/her participation in the Chataqua Little League Tournament. I do recognize the risk involved in the sport of baseball and hereby waive, release, absolve indemnity and agree to hold harmless the Chewelah Little League Association and their organizers in the event of an accident or death of my child. In case of the need for medical treatment for my child in my absence, I give permission to _____ (team coach) to authorize necessary treatment.

PLAYER NAME	UNIFORM #	BIRTH DATE	PHONE NUMBER	PARENTS SIGNATURE

FEE/FORM NEEDS TO BE RETURNED BY JUNE 24, 2011