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 11, 12 & 13, 2014 **ENTRY FEE: $300 USD**

***TEAM NAME*:**_____

AGE BRACKET: _____ ***10 YEAR OLD*** _____ ***12 YEAR OLD***
(Age as of April 30, 2014)

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.

PLAYERS NAME	UNIFORM #	BIRTH DATE	PHONE NUMBER	PARENTS SIGNATURE

FEE/FORM NEEDS TO BE RETURNED BY JUNE 22, 2014