

Team Name:	Manager:				
Address:	City: Email Address:		State: Zip Code:		
Contact Number:					
AGE Group:					
Players Name	Age	Birth Date		Parent Signature	
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We the above signed and the undersigned, hereby BREWERS BASEBALL in consideration of accept discharge the BREWERS and the Montebello Brevaccrue to me or to my heirs from every and any leinto and away from said event. And whereas, the limb. Therefore, it is agreed as follows: that in conaccident or damage to person or property and he kind for or on account of any personal injury or dit sponsors otherwise. Please follow all COMMANAGERS VERIFICATION: This is to certify	tance by BREWERS BASE vers Organization from a coss or damage and injury above signed and under insideration of being allowereby releases the BREW amage of any kind susta //ID 19 CDC guidelin	BALL of this application to par any and all liabilities, claims, act including death, that may be esigned is aware of the dangerowed to participate in said even ERS and the Montebello Brewe ined or caused by negligence of	ticipate in said event, tions and possible cau sustained by my pers ous nature of his unde t, the undersigned he ers Organization from f Brewers Baseball an	I do hereby release and forever uses of action whatsoever that may son or property while in , at, or on route ertaking as it relates to loss of life and or ereby voluntarily assumes all risks from every claim, liability or demand of any d the Montebello Brewers Organization,	
Manager's signature	Date				