

Temecula Valley Old Town Shoot Out – Official Roster

League Name: _____

Division: _____

Team Name: _____

The above named league, its players, parents of the players who have signed below, and all other participants and representatives HEREBY CERTIFY that we hold harmless the Temecula Valley Girls Softball Association Tournament Committee, umpires, league representatives, City of Temecula, and all other participants from any injury or illness due to their participation in the Temecula Valley Old Town Shoot Out Tournament.

	Player Name	Age	Date of Birth	Parent Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
Contact Information:				
Manager Name:				
Cell Phone #				
Coach Name:				
Cell Phone #				

I certify that the information above is true and correct to the best of my Knowledge.

Signature of League Official:

Print Name & Title of League Official