



Cheviot Hills Pony Baseball Association

2025 Memorial Day Tournament

Roster & Medical Release Form

LEAGUE: _____

Team Name: _____

Division: _____

Manager: _____

Phone: _____

Email: _____

Insurance: _____

Policy #: _____

A copy of the certificate is required.

This is to certify that I am signing as a parent or guardian of a player on the team and division listed and hereby grant permission to the adult manager or coach of the team to obtain medical care from any licensed physician, hospital or medical clinic for the player named next to my signature. This is for such time a parent or legal guardian cannot be contacted in person or telephone. This authorization shall include all league activities; and we hereby waive, release, absolve, indemnify and agree to hold harmless Pony Baseball, Cheviot Hills Pony Baseball, the organizers, supervisors, participants, as well as persons transporting the player to and from those activities, for any claim arising out of injury to the player.

Player Name	Age	Birthday	Parent Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

We certify that players participating in this tournament, as listed herein, are covered by proper insurance of a primary nature, sufficient to cover any and all loss that may occur due to injury while participating in the 2025 Memorial Day Tournament.

X _____
(Signature of League Official/ Title)