

4th Annual Haley Burk Memorial Softball Tournament

Name: _____ Age: _____

Phone Number: _____ Cell: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Address: _____

Team Name: _____

Parent/Guardian Consent (if player is under 18)

I, _____, give permission for my child,
_____, to participate in the Haley Burk Memorial Softball
Tournament.

Parent signature

Date

Release of Liability

I, _____, do understand and agree that I am playing at my own
risk and I will not hold accountable The Haley Burk Memorial Foundation, any of its board members,
and/or the City of Trinity, Texas, responsible for any injuries that may occur.

Player Signature

Date

****PER CITY ORDINANCE: ABSOLUTELY NO ALCOHOL WILL BE
ALLOWED ON PREMISES. IF VIOLATED, ANY AND ALL MONEY PAID
AND GAMES WON WILL BE FORFIETED****