Rocky J. Hall's 2010 Fall Ball High School League

Please return completed form with payment ($90.00 per player or $990.00 per team)* to: Rocky J. Hall, 3445 Telegraph Rd. #108, Ventura, Calif. 93003. Thank you.

Division:

Freshman____ Junior Varsity/ Varsity____

Age as of 4/30/2011

Team Name:_____ Manager Name:_____

Cell No:_____ Email Address:_____

Roster Certification

This is to certify that I am signing as a parent or legal guardian of a player on the team and division listed below 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 as parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all legal activities; and we hereby waive, release, absolve, indemnify; and agree to hold harmless Rocky J. Hall's Fall Ball High School League, 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's Name	League Age	Birth Date	Parent/Guardian Signature

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 2010 Fall Ball League.

*A team consists of (12 or more players).