Roster and Waiver Form
Highlander Battle July 11-13, 2025
2025 Baseball Tournament – Age Group U8 – U16/U17

This form should be completed, along with a copy of team insurance and uploaded through your team tourney machine registration one week prior to tournament.
Direct any questions to Steve at sjwirthit@yahoo.com

Team Name: _____ **Age Group:** _____ **Coach's Name**: _____

This is to certify that I, as parent or legal guardian of a player on the above-mentioned baseball team, do hereby grant permission to the adult manager, coach and business manager of the team to obtain medical care from any licensed physician, hospital or medical clinic for any named player listed herein at such time as either parent or legal guardian cannot be contacted in person. This authorization shall include all team activities, games and travel to and from those activities and we do hereby waive, release, absolve, indemnify and agree to hold harmless Steven Wirth, Mequon Heat, Mequon Thiensville Little League, Thiensville Mequon Youth Baseball Association, City of Mequon and Village of Thiensville; the organizers, supervisors, officials, game fields, participants and persons transporting to and from those activities for any claim arising out of any injury or illness to the players listed. All teams require proof of insurance for the team or organization.

All players must be listed with proper signatures and date signed. Please print all information except signatures.

Player Number / Name	Birth Date	Signature of Parent or Legal Guardian	Date
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
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_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____

The signatures above indicate that the waiver was read, understood and signed freely and voluntarily.