Armageddon Official Roster Form

Please complete this form and bring it to Tournament Headquarters at Team Check-In on the morning before your first game.

**** FOLLOW Tournament Results on Tournament Home Page:**
http://www.watertownbaseball.org/armageddon

In the event that a player's age is protested, coaches will be required to prove age

Team Name: _____ Manager Name: _____ Cell Phone #: _____

Coach / Player First Name	Last Name	Jersey #	Player DOB	Age Verified Official Use Only	Cell Phone (Coach Only)
			XXXXXXX	Asst Coach	
			XXXXXXX	Asst Coach	
			XXXXXXX	Asst Coach	
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***Manager Signature:**_____ **Date:**_____/_____/_____

*In signing this roster, we, the above players and the undersigned Head Coach, certify that: 1. All information provided in this document is true and correct. 2. Our players and coaches agree to abide by NHFS and Little League Code of Conduct while participating in Armageddon events. **Upon acceptance of this signed form, I, my heirs, executors and administrators, intending to be legally bound hereby, waive and release any and all rights I may have against the Armageddon, tournament officials and the Host Organization & their representatives from any and all injuries suffered by the coaches and/or players at the specified event.