



DIVISION:

TEAM:

I ATTEST THAT THE ABOVE INFORMATION IS ACCURATE AND THAT ALL PLAYERS MEET THE AGE REQUIREMENTS (AGE AS OF APRIL 30, 2025, FOR BASEBALL & JANUARY 1, 2025, FOR GIRLS SOFTBALL) FOR THE DIVISION WE ARE PLAYING IN. I UNDERSTAND THAT SUBMITTING A FALSE ROSTER OR PLAYING WITH ILLEGAL PLAYERS IS GROUNDS FOR DISQUALIFICATION, AND, IF DISQUALIFIED, NO REFUND WILL BE GIVEN. ADDITIONALLY, BY SIGNING THIS FORM, PARENTS HOLD HARMLESS VELO CITY TOURNAMENTS LLC. FOR PLAYER OR SPECTATOR INJURIES OR ILLNESS ASSOCIATED WITH PARTICIPATING IN A VELO CITY TOURNAMENTS LLC. EVENT.

MANAGER SIGNATURE: \_\_\_\_\_