

**ANNUAL THANKSGIVING TOURNAMENT**  
**Hosted by North City Youth Baseball (NCYB)**  
**TEAM ROSTER AND PARENTAL CONSENT FORM**  
(Please type information and provide parent/guardian signature)

Manager's Name: \_\_\_\_\_ Team Name/Division: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Email \_\_\_\_\_

Roster must be presented during check-in at least one hour prior to the start of your first game  
No awards will be distributed unless a full roster is complete and on file.

	#	Player	DOB	Parent Signature	Address	City	Zip	Phone
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

\*Players, coaches and parents understand the rules and information regarding the tournament. I understand that all of the player information provided is correct.

Manager Signature \_\_\_\_\_

I the parent/guardian of the player named above acknowledges that participation in the Annual Thanksgiving Tournament hosted by North City Youth Baseball may result in injury. The above undersigned parent/guardian therefore releases North City Youth Baseball, its tournament coaches and volunteers associated with the tournament, from all liability or responsibility for any claim, damage or legal action on behalf of the player or player's parents, heirs or personal representatives arising from injury the player may sustain while participating in the activity, including transportation to and from the event. I understand that the manager of my player's team will provide proof of liability insurance to the tournament officials. As parent/legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever condition necessary to preserve the life, limb or well being of my dependent.

**OFFICIAL TOURNAMENT AUTHORIZATION USE ONLY**

Approval of team roster and information provided  
All documents are up-to-date and accurate

Team Roster \_\_\_\_\_  
Player Birth Certificates \_\_\_\_\_  
Team Liability Insurance \_\_\_\_\_

NCYB Thanksgiving Classic: \_\_\_\_\_ Date \_\_\_\_\_