

## 5th Annual Haley Burk Memorial Softball Tournament

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Team Name: \_\_\_\_\_

### Parent/Guardian Consent (if player is under 18)

I, \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_, to participate in the Haley Burk Memorial Softball  
Tournament.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

### Release of Liability

I, \_\_\_\_\_, do understand and agree that I am playing at my own  
risk and I will not hold accountable The Haley Burk Memorial Foundation, any of its board members,  
and/or the City of Trinity, Texas, responsible for any injuries that may occur.

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

**COED RULES: MUST HAVE, ALWAYS, 3 PLAYERS, OF THE OPPOSITE SEX ON EVERY TEAM, AND 2 PLAYERS OF THE OPPOSITE SEX ON THE FIELD. (NO ALL GIRLS TEAMS\ NO ALL BOYS TEAMS ALLOWED).**

**\*\*SECURITY WILL BE LOCATED AT THE FIELDS AT ALL TIMES\*\***