



Team GA Baseball Academy (TGBA) & Team Elite (TE)

2012 Memorial Day Invitational (May 25 - May28)

TOURNAMENT REGISTRATION FORM

TEAM NAME: _____

AGE: _____

MANAGER'S NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS(S): _____

HEAD COACH'S NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS(S): _____

AMOUNT OF PAYMENT: _____

\$600 ENTRY FEE (MULTIPLE TEAMS FROM ONE ORGANIZATION ARE \$550 EACH) PLEASE MAIL TO AND MAKE CHECKS PAYABLE TO:

Elite Athletics · 506 Stonecrest Place · Loganville GA · 30052

*****PLEASE INCLUDE A COPY OF YOUR TEAM'S INSURANCE CERTIFICATE*****

I, the undersigned, parent or guardian of participant, shall indemnify, release, hold free and harmless Team GA Baseball Academy, LLC, Team Elite, Inc, and Elite Athletics, Inc, its agents, employees, officers, and directors from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my teams participation in the above mentioned tournament with Team GA Baseball Academy, LLC, Elite Athletics, Inc ., and Team Elite,Inc. In the event of an injury to one of my players, I will obtain medical care from a licensed physician, hospital, or medical clinic, if that player's parent or legal guardian is not present and can't be contacted in person.

Coach/Manager Signature: _____ Date: _____

NOTES AND SPECIFIC REQUESTS FOR TOURNAMENT
