

# Tournament Team Roster

# BASEBALL



All teams travelling to a tournament shall be required to present proof of the following types of insurance:

- 1) Excess accident insurance that has a maximum medical limit of at least \$50,000.00
- 2) General liability insurance on an occurrence form (not claims made) that has a per occurrence limit of at least \$1,000,000.00 combined single limits and that does not exclude "participant liability". If the endorsed Dizzy Dean league insurance policy (see rule book advertisement) is not carried by such team, their general liability policy must name Dizzy Dean Baseball, Inc. as an "additional insured".

We agree to comply with all rules and regulations outlined in the official Dizzy Dean rule book.

Check Appropriate Age Division:  5       7       9       11       13       15       17-19  
 6       8       10       12       14       16       Double

Name of League: \_\_\_\_\_ Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	PLAYER'S NAME:	LEAGUE TEAM:	STREET ADDRESS:	CITY:	STATE:	ZIP:	D. O. B.:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

MANAGER: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

COACH: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

COACH: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

COACH: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that the dates of birth of the players above are correct and have been substantiated by birth certificates examined by me.

National Director sign here: \_\_\_\_\_ this team has qualified to participate in the Dizzy Dean World Series in this age group.

SWORN BY ME (Manager/Head Coach): \_\_\_\_\_ Date: \_\_\_\_\_ League President/Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Notary (Signed): \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

