

Babe Ruth League, Inc.
Tournament Team Checklist

PLACE THIS COMPLETED CHECKLIST IN THE FRONT OF THE TOURNAMENT BOOK.
PLAYER DOCUMENTS MUST BE IN ALPHABETICAL ORDER TO MATCH THE TOURNAMENT ROSTER.

League: _____ Prep date: _____

Team: _____ Prepared by: _____

Age Group: Baseball: 4-6 7-8 9 10 11 12 13 14 13-16 16-18

Softball: 6U 8U 10U 12U 14U 16U 18U

Check-off	Item
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THESE DOCUMENTS ARE REQUIRED AT THE BEGINNING OF ALL TOURNAMENTS.

_____ This Tournament Team Checklist

_____ Signed Manager Conduct Certification

_____ Copy of Certificate of Group Accident Insurance coverage

_____ Copy of Certificate of Commercial General Liability Insurance coverage

_____ Copy of the Online Tournament Team Roster Form signed by League President

_____ Copy of League Letter of Eligibility

_____ **ORIGINAL** of Consent for Treatment Form completed for each player

_____ Copy of the Online Tournament Team Photograph with players and coaches identified

_____ **NOTE: IF APPLICABLE, HAVE PARENTS GATE PASS FUNDS AVAILABLE AT TOURNAMENT CHECK-IN.**

For Tournament Official's Use Only

Approved: Yes ____ No ____

Date: _____

Checked by: Signature: _____

Name (print): _____

Babe Ruth position: _____

Remarks: _____
