



USSSA World Championships - Year 2009

Location: Osceola Sports Complex in Kissimmee, Florida

PLEASE CHECK APPROPRIATE AGE GROUP

- 16U Division HS Varsity Division

Form with fields: Team Name, 2009 Registration #, Team Age, Manager Name, Home Phone, Day Phone, Cell Phone, Email, Address, City, State, Zip, Hotel Name, Hotel Phone, League Name & City

Enclosed is a cashier/check or money order in the amount of \$1,000.00 to cover our entry fee.

Please make checks payable to "USSSA." If paying by credit card, please contact Wendi Brockwell direct to organize payment (see below) (Payment MUST be made in full.)

Code of Understanding

- 1. This entry form, along with the entry fee, must be submitted to the USSSA National Office. Entry forms will be returned as unaccepted to teams that fail to follow this procedure.
2. The World Championship Director is under no obligation to accept any entry that arrives after the bracket is drawn.
3. Any team that submits a bad check for payment of entry fee or motel bills will be subjected to disbarment.
4. Any team destroying property or involved in theft of motel property will be subjected to disbarment.
5. By accepting this bid we understand that the entry fee is non-refundable.
6. My team stands ready to play on opening night if so scheduled.

Release

I, the undersigned, manager of the team shown on this entry form hereby state that the team represented by its roster, is a voluntary participant in this tournament that is sanctioned by the United States Specialty Sports Association (USSSA). In consideration of this acceptance of our application to participate in said tournament we do hereby release and forever discharge USSSA of and from all liabilities, claims, actions and possible causes of action whatsoever that may accrue to us or to our heirs from every and any loss and injury including death that may be sustained by our person or property while, in about, or route into and way from said tournament. AND WHEREAS, the undersigned is aware of the dangerous nature of our undertaking as it relates to loss of life and/or limb; therefore, it is agreed as follows: That in consideration of being allowed to participate in said tournament, the undersigned team through its manager hereby voluntarily assumes all risk from accident or damage to person or property and hereby releases the USSSA from every claim, liability, or demand of any kind for on an account of any personal injury or damage of any kind sustained or caused by the negligence of the USSSA, its sponsors or otherwise.

I have read and understand the foregoing release and code of understanding.

Printed: \_\_\_\_\_
Team Manager

Signed: \_\_\_\_\_
Team Manager

Please mail payment and registration to the following address:

USSSA
Attn: Wendi Brockwell
611 Line Drive
Kissimmee, FL 34744
Phone: 800.741.3014 / Email: wendi@ussa.com

Event Contacts:

Dave Wabick
Phone: 708.704.1120
Email: wab27@aol.com

Don DeDonatis III
Phone: 810.397.6410
Email: michusssa@aol.com