

EAST COBB BASEBALL TOURNAMENT REGISTRATION –

Managers must sign below

Please indicate the tournament(s) of your choice and return this form with entry fee and a copy of your certificate of liability insurance with "ECB, Inc., d/b/a East Cobb Baseball" named as additional insured. Registration deadline is 2 weeks prior to tournament start date and schedules will be posted to the website as soon as they are completed. There will be no refunds after that date. Only standby registration will be accepted after the 2 week deadline. NOTE: Tournaments may fill up before the 2 week deadline, so mail your registration in as early as possible. Special time requests will be considered **ONLY** if included with this registration. Registration forms received without entry fee and/or insurance certificate **WILL NOT BE PROCESSED**. Each team is to supply balls equally.

Rain Policy: No refunds after the 1st game is played.

This is to certify that I, _____ as manager of the _____ team, do hereby represent that my team is in good health and physically capable of participating in any and all activities sponsored and associated with ECB, Inc. d/b/a East Cobb Baseball. **I agree to hold ECB, Inc., its staff, officers, volunteers, and associates harmless from any Bodily Injury or Personal Injury as a result of my team's participation in the above registered tournament.** This release of liability by me is based upon the recognition that sport activity of any kind or nature clearly involves the risk of injury or inherent hazards to the participants and spectators. I acknowledge that my team and I assume such risks when we participate in activities sponsored by ECB, Inc. I will forward a copy of my team's certificate of liability and medical insurance naming "ECB, Inc. d/b/a East Cobb Baseball" as an **Additional Insured**. In the event of an injury to one of my player's, 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 cannot be contacted in person. I assume all liability for any malicious act perpetrated by myself, a team member or team fan, which causes property damage or impairment to any facilities owned or managed by East Cobb Baseball. This will include any damage caused at any hotel/motel where we will be staying.

Managers Signature

Date

Tournament(s) Desired _____ Age _____

Tournament Dates _____

Manager _____

Team Name _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____ Fax# _____

E-Mail _____ Cell# _____

Amount Enclosed \$ _____

Please make check payable to: East Cobb Baseball and mail to:
East Cobb Baseball 111 N. Lakeside Dr. Kennesaw, GA 30144

Out of town teams must complete below:

In our continued effort to ensure a quality tournament experience, we have entered into agreements with a wide variety of team friendly hotels. Our sponsor hotels have agreed to guarantee availability and lowest group rate. As a result of these guarantees, all teams are required to participate in our sponsored hotel program. All teams are asked to block their hotels through All Sport Accommodations in order to ensure the integrity of our program and receive special tournament benefits. Each family will receive a Commemorative Destination Guide with personalized travel information, maps and driving directions to your hotel and our facility, points of interest and special offers and discounts in the surrounding area. Simply click on the link www.bookasa.com to block your teams preferred hotel, or call ASA at 1-800-506-4189 and mention that you will be attending an East Cobb Baseball Tournament

Please list the motel that you will be staying in _____
_____ phone # _____

Number of rooms _____ If this information is not available at this time, please email this contact information to EastCobbAS@AOL.com or fax to 770-514-6058 when it is confirmed. **Be sure to identify the tournament name, dates, age, and your team name.**