



## 2024 Player/Parent Attestation Form

I, the undersigned player, and parent or legal guardian(s) of player, have read, understand, voluntarily accept and agree to abide by the policies, waivers, and agreements of the Missoula Mavericks Baseball Program.

1. \_\_\_\_\_ Player Liability Waiver & Agreement  
(Player Initials) (Parent Initials)

2. \_\_\_\_\_ Missoula Mavericks Player Rules & Policy Handbook  
(Player Initials) (Parent Initials)

_____	_____	_____
Player Name (printed)	Player Signature	Date

_____	_____	_____
Parent/Legal Guardian (1) (printed)	Parent/Legal Guardian (1) Signature	Date

_____	_____	_____
Parent/Legal Guardian (2) (printed)	Parent/Legal Guardian (2) Signature	Date

I (We), the undersigned parent(s) or legal guardian of a player, have read, understand, voluntarily accept and agree to abide by the policies, waivers, and agreements of the Missoula Mavericks Parent handbook and Parent Code of Conduct.

_____	_____	_____
Parent/Legal Guardian (1) (printed)	Parent/Legal Guardian (1) Signature	Date

_____	_____	_____
Parent/Legal Guardian (2) (printed)	Parent/Legal Guardian (2) Signature	Date

