2025 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