



2009 UNDER ARMOUR WINTER CLASSIC TEAM APPLICATION

Please Print Clearly

Team Name: _____

Manager Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Manager Cell Phone: _____

Manager E-Mail: _____

Team Website: _____

Phone # for Text Msgs during event: _____

Team's Previous Tournaments Attended

We are trying to get an idea of your teams previous records.

1) _____

2) _____

3) _____

Top Four Prospects on Team

Our scouts will be looking for top players for Team One Showcases and Under Armour All America Game.

1) _____

2) _____

3) _____

4) _____

Waiver and Consent

I understand that Team One Baseball, its staff members, associates, workers and anyone associated with Team One Baseball is harmless and release them from any and all liability for injury as a result of my team's participation in any activity sponsored by Team One Baseball. This release of liability by me is based upon the recognition that sport of any kind or nature clearly involves the risk of injury or hazards to the participants and spectators. I acknowledge that my team and I assume such risks when we participate in activities sponsored by Team One Baseball. I as team manager assume liability for my team during the entire tournament. **It is understood that by signing this agreement and make payment that there will be no refunds for any reason.** Also, by signing this agreement you give Team One Baseball permission to release player information to college and professional scouts. Furthermore you give permission to use player information and his likeness on the Internet.

I have read the waiver and agree to its contents.

Signature: _____

To register for an **Under Armour National Tournament** and reserve a space for your team, please follow below instructions:

2009 Under Armour Winter Classic – Team Fee | \$795

Registration Option #1 via FAX in team application:

Please fill out the registration form and fax back to Team One Baseball (949) 209 – 1829 Attn: Justin Roswell.

Registration Option #2 via MAIL in team application:

To register via mail, please fill out the registration form and mail to the following address.

**Team One Baseball
Attn: Justin Roswell
1000 Bristol Street North Box 17285
Newport Beach, CA 92660**

>>>Payment Method (Choose One)

_____ I will pay all \$795 by **check** (made payable to Team One)

_____ I will pay all \$795 by **credit card**

_____ I will pay \$400 deposit by **credit card**
Remaining balance of \$395 will be charged on November 25, 2009.

>>>Your Credit Card Information

Credit Card Type (circle one)

Visa Master Card American Express Discover

Amount to be charged: _____

Balance to be charged 11/25/09: _____

Account Holders Name As It Appears Exactly on Card

Account Number

Expiration Date: _____

Cardholder's Signature: _____

Thank you. Welcome to Team One Baseball. Once your registration has been received, you will receive an email confirmation packet.

Justin Roswell – Senior Director

Checklist of items to be returned:

1. **Registration forms**
2. **Copy of liability insurance**
3. **A roster template will be emailed to you, once your registration has been received.**