

**Babe Ruth League, Inc.
Southeast Region
Tournament Team Checklist**

Please place the completed checklist in front of your team book.

League: _____ Prep date: _____

Team: _____ Prepared by: _____

Age Group: Baseball: 7-8 (MP) 9 10 11 12 13 14 13-15 16-18 Other _____

Softball: 8U (MP) 10U 12U 14U 16U 18U Other _____

Check off	Item
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THESE DOCUMENTS ARE REQUIRED AT THE BEGINNING OF ALL TOURNAMENTS.

_____ This Tournament Team Checklist

_____ Signed Baseball and Softball Manager Conduct Certification

_____ Copy of Certificate of Group Accident Insurance coverage

_____ Copy of Certificate of Commercial General Liability Insurance coverage

_____ Copy of the Online Tournament Team Roster Form signed by League President

_____ Copy of League Letter of Eligibility

_____ **ORIGINAL** of Consent for Treatment Form completed for each player

_____ Copy of the Online Tournament Team photograph with players and coaches identified

_____ Copy of Coaching ID card or Coaching Education certificate for each manager and coach on the roster

_____ Copy of Abuse Prevention Training certificate for each manager and coach on the roster

_____ **NOTE: IF APPLICABLE, HAVE PARENTS GATE PASS FUNDS AVAILABLE AT TOURNAMENT CHECK-IN.**

For Tournament Officials' Use Only

Approved: Yes _____ No _____ Date: _____

Checked by: Signature: _____

Name (print): _____

Babe Ruth position: _____

Remarks: _____
