

**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
<b style="color: red;">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
_____	<b style="color: red;">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: _____

