

7th Annual Arizona Lutheran Academy Wiffle Ball Tournament

Proceeds to benefit the
Baseball Team

Date: 03/02/19

Time: 8:00 AM - 12:00 PM

Pre-register by: 02/27/19

Entry Fee:

- \$70.00 per team
- \$10.00 per individual
- Mail completed form to ALA or register online at ALAcoyotes.org by February 27, 2019

Rules:

- Players of all ages can be on a team
- Max seven players per team
(Don't have a team? We will find one for you.)
- Games are five innings or 20 minutes in length
- Gloves not required
- Bats provided, but you may bring your own (composite, wood or plastic, even boat oars)
- All pitches to be pitched underhand
- Three outs per team per inning (either striking out a batter, catching a batted ball, tagging a runner out, or throwing the ball and hitting the runner somewhere other than the head)

PRIZES

Awarded for
1st place, 2nd place, 3rd place
& Home Run Champion



Waiver: Parent must sign a waiver if participant is under the age of 18. This can be found online at ALAcoyotes.org or on the back of the registration form.

Mail form and entry fee to:

Arizona Lutheran Academy
6036 S 27th Avenue
Phoenix, AZ 85041

Name _____

Team Captain _____

Address _____

Team Captain Email _____

Phone _____

Gender _____

Age on game day _____

Signature _____

Date _____

For more information

contact Scott Hill:

Phone: 602-268-8686 ext 21
Cell: 602-376-8572
Email: Hill@ALAcoyotes.org

**Arizona Lutheran Academy
Wiffle Ball Tournament
Emergency Contact & Waiver**

Name (Last, First, Middle): _____

Parent/Guardian (If Under 18): _____

Emergency Contact (Name and Number): _____

****Parents of participants under 18 must complete waiver before tournament play begins.**

PARENTAL CONSENT:

(Child's Name) _____ has my permission to participate in the ALA Wiffle Ball Tournament. I hereby take all responsibility concerning my child's physical condition upon entering the tournament. I also authorize the tournament leaders to seek emergency medical attention for my child if needed.

Please note any medical condition or allergies:

Parent/Guardian Signature

Date