Baseball Tournament Application Form
Glacier Spring Melt Down Tournament

Team Name_____

Division (check one) ☐8 ☐9 ☐10 ☐11 ☐12 ☐13(54/80 ☐14(60/90) **Tournament Date: May 15th thru 17th 2026**

Manager's Name_____Phone (cell) _____
Phone (home) _____ Email _____
Address_____
City_____ State _____ Zip_____
Coach's Name_____Phone (cell) _____

COST: 3 game guarantee tourney Ages 8u & 9u $500.00 ,10u & 11u $550.00, 11u thru 12U $575.00, and Ages 13u and 14u $600.00.

Send application form and check made payable to Glaciers Sports, Inc. P.O. Box 2850, Youngstown, OH 44511
To pay by credit card contact Maria Meadors at 330 559 8891 or maria.meadors@yahoo.com
To pay via Venmo, please send to @glaciers-sports"

Baseball Tournaments *Questions? Ron Fagert 330 507 1282 or ronf@yorkmahoning.com*

The undersigned agrees that the payment is non-refundable unless a written request for a refund is received by Glacier Sports, Inc. at least **30 days prior** to the tournament date. A spot in the tournament is not guaranteed until Glaciers Sports, Inc. Receives payment, registration is made and we confirm that a spot is available via email or by mail. Unless a refund is requested in writing at least 30 days prior to the tournament, all payments are non-refundable. Refund policy - There will be no fee charged for complete rain outs; 1 inning played = 25% of entry fee, 1 game played = 50% of entry fee; 2 or more games played = no refund

This is to certify that I, _____ as manager of the _____ team, do hereby represent that my team is in good health and physically capable of participating in any and all activities sponsored and associated with Glaciers Sports, Inc.***I agree to hold Glaciers Sports, Inc., Valley Sports, and Koch Family Charitable Foundation, it's staff, officers, volunteers, and associates harmless from any Bodily Injury or Personal Injury as a result of my team's participation in the above registered tournament.*** This release of liability by me is based upon the recognition that sport activity of any kind or nature clearly involves the risk of injury or inherent hazards to the participants and spectators. I acknowledge that my team and I assume such risks when we participate in activities sponsored by Glacier Sports, Inc. I will forward a copy of my team's certificate of liability and medical insurance naming Glacier Sports, Inc and Koch Family Charitable Foundations, and Valley Sports as an ***Additional Insured***. In the event of an injury to one of my player's, I will obtain medical care from a licensed physician, hospital, or medical clinic, if that player's parent or legal guardian is not present and cannot be contacted in person. I assume all liability for any malicious act perpetrated by myself, a team member or team fan, which causes property damage or impairment to any facilities owned or managed by Glacier Sports, Inc., Koch Family Charitable Foundation, or Valley Sports. This will include any damage caused at any hotel/motel where we will be staying.

Manager's signature _____ Date _____