



Tryouts Registration Form 2024

Player Full Name: _____ Current Age: _____ Date of Birth: _____

Home Address: _____ City: _____

Grade in fall 2023: _____ Age on **April 30th, 2024**: _____ School Attending: _____

Desired Age Group to play on _____ Preferred Positions _____

Parent/Guardian Information

Father's Full Name _____ Cell #: _____

Email Address: _____ Baseball Coaching Experience?: Yes or No: _____

Desire to help coach. If so, what age group? _____

Mother's Full Name _____ Cell #: _____

Email Address: _____

Do you have a desire to help with admin things such as helping book hotels, running GameChanger app, running music and or walk up songs, organizing year end-party etc.? _____

Injury Waiver

My signature below indicates that I hereby release and hold harmless Athletics Baseball, its officers, directors and coaches and all others from any responsibility for injury to my child at this tryout. I understand that there are risks inherent in my child's participation at this tryout. I am waiving all rights I may have to file any claims or suits for injuries resulting from participation here today.

Signature: _____

Questions/Comments? _____
