

2012 Warrior Baseball Club Tryout Registration Form

9U 10U 11U 12U 13U 14U 15U 16U 17U

Player Legal Name _____ Preferred Name _____

Position #1 _____ Position #2 _____ Bat R L S Throw R L

Mailing Address _____

Town _____ State _____ Zip _____

Date of Birth ____ / ____ / ____

Email contact _____

Telephone Contact (_____) _____ - _____

Parent / Guardian Name(s) _____

***Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement:**

The Participant and/or Participant's parent(s)/ guardian(s) acknowledge, understand and assume all risks inherent with participating in this program/tryout.

I, the parent/guardian of the above named Participant, hereby give my consent for their participation in "Warrior Baseball Club" program/tryout. Also, I hereby release, indemnify and agree to hold harmless "Warrior Baseball Club" and any of its directors, officers, coaches, agents, affiliates, sponsors, and associated personnel against any legal claim by or on behalf of the participant as a result of participation in the program. I also give my consent for all medical care prescribed by a medical doctor, EMT or nurse to preserve the physical well being of my child.

By signing this I accept the terms of the aforementioned Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement.

Parent / Guardian Signature _____

\$25 Tryout Fee _____