

# Warrior Baseball Club Tryout Registration Form

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

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) \_\_\_\_\_

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**\*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.**

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Parent / Guardian Signature \_\_\_\_\_

\$25 Tryout Fee \_\_\_\_\_