



TRYOUT FORM

Please bring a copy of this form to tryouts along with your payment.

Tryout Fee: **\$50 (cash or cheque)**

The tryout fee will be waived for mosquito and HPP players.

DIVISION Mosquito AA ☐ Peewee AA/AAA ☐ Bantam AA ☐ Midget AA/AAA ☐

PLAYER INFORMATION

Player name: _____ DOB: ____ / ____ / ____

Phone#: _____ Email: _____

Address: _____

Throws L ☐ R ☐ Bats L ☐ R ☐ Pitcher Yes ☐ No ☐

Primary position: _____ Secondary position: _____

Last year team: _____ Level: _____

Head coach name: _____

PARENT OR GUARDIAN INFORMATION

Name: _____ Phone#: _____ Email: _____

Name: _____ Phone#: _____ Email: _____

WARNING

Protective equipment cannot prevent all injuries a player might receive while participating in baseball. In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician).

Family Physician: _____ Phone#: _____ AHC#: _____

Please list any allergies / medical problems, including those requiring maintenance medication.
(i.e. Diabetic, Asthma, Seizure Disorder)

MEDICAL DIAGNOSIS	MEDICATION	DOSAGE	FREQUENCY OF DOSAGE
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Other:

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The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Authorized Parent /Guardian Signature

Date