



# TRYOUT FORM

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

Tryout Fee: **\$100 (Cheques payable to NEZ sports, Cash, Visa, MasterCard and Debit also accepted)** The tryout fee will be waived for 11U and HPP players.

**DIVISION**      11U AA                       13U AA/AAA                       15U AA/AAA                       18U 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

Other:

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