



## Tryouts Registration Form 2025

Player Full Name: \_\_\_\_\_ Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Grade in fall 2025: \_\_\_\_\_ Age on **May 1st, 2025**: \_\_\_\_\_ 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? \_\_\_\_\_  
\_\_\_\_\_