

Brunswick Youth Sports Try-Out Information Form

Age Group (check one):

Boys: 8U 9U 10U 11U 12U 13U 14U 15U

Girls: 10U 12U 14U 18U-JV 18U-Varsity

Athlete's Name:	Birthdate:
Address:	Phone Number:
School District:	Current League: Inhouse/Rec <input type="checkbox"/> Travel <input type="checkbox"/>
Parent/Guardian:	Phone: Email:
Parent/Guardian:	Phone: Email:
Primary Position: P <input type="checkbox"/> C <input type="checkbox"/> 1B <input type="checkbox"/> 2B <input type="checkbox"/> 3B <input type="checkbox"/> SS <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RF <input type="checkbox"/>	Secondary Position: P <input type="checkbox"/> C <input type="checkbox"/> 1B <input type="checkbox"/> 2B <input type="checkbox"/> 3B <input type="checkbox"/> SS <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RF <input type="checkbox"/>
Bats: Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/>	Throws: Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/>
Willing to travel for games & tournaments: Yes <input type="checkbox"/> No <input type="checkbox"/>	We practice January to March and have games April-July. Do you have any prior commitments that would interfere with our schedule? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
Available weekends: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Willing to help fundraise: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Waiver and Release

I am the parent/guardian of the above-listed athlete (hereinafter "athlete") and I acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to permit the athlete to try out for and participate as a member of the Brunswick Youth Sports organization
2. In consideration of being allowed to participate in any tryout organized by Brunswick Youth Sports (BYS) or to utilize any facilities provided by BYS, the undersigned athlete, and his/her parent/guardian agrees to assume all risks incidental to such participation (including, without limitation, injury or loss to person/property).
3. Each of the undersigned hereby agrees to release and forever discharge, and does hereby agree to indemnify and hold harmless, BYS from any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, that any of the undersigned ever had, not has, or hereafter can, shall or may have against any of the released parties arising out of or in any way related, directly or indirectly, to the player's participation in any tryout provided by BYS.
4. This liability waiver and release shall be binding on the undersigned and any of his/her heirs, executors, personal representatives or administrators.

Parent/ Guardian Signature: _____ **Date:** _____

Athlete's Signature: _____ **Date:** _____

Tryout Number: _____