

LCB Legends Tryout Form

Player # _____

Player Name: _____ Birthday: _____

Throws: Right / Left Hits: Right / Left

Address: _____

City: _____ State: _____ Zip: _____

Players School District: _____ Current School: _____

Team Trying Out For: U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18

Number of years playing baseball Recreation: _____ Competitive/Travel: _____

2018 Team and Level: _____ Rec/Com/AA or Open

2017 Team and Level: _____ Rec/Com/AA or Open

Preferred Positions (pick 3): _____

Does above player pitch: yes / no Does above player play catcher: yes / no

Any medical issues that we need to be aware of during tryouts? _____

Mothers Name: _____ Fathers Name: _____

Mothers Cell: _____ Fathers Cell: _____

Home Phone: _____

Email 1: _____ Email 2: _____

Please circle the preferred phone number to contact after tryouts.

Liability Waiver & Medical Coverage Acknowledgement

Please read and sign: I Certify that it is with my full knowledge and consent that my above named child may take part in the LCB tryout this year. **I RELEASE AND HOLD HARMLESS** on behalf of my child, myself, and our representatives, The Lakes Athletics Baseball Association, the Township of Commerce, its officers, its commissioners, its coaches, and its umpires from liability for injuries or damages which my child may sustain while participating in this activity even if the injuries or damages are caused by the sole negligence of The Lakes Athletics Baseball Association, the Township of Commerce its officers, its commissioners, its coaches, and its umpires. I UNDERSTAND AND I AM RESPONSIBLE for medical coverage on my child.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT / GUARDIAN NAME (Please Print): _____

Please return form via email: lcbbaseball@gmail.com