

Berkshire Optimist Baseball Club

P.O. Box 170, Womelsdorf, PA 19567-0170
Phone: 610-927-4306 Fax: 610-927-4307

TRYOUT REGISTRATION FORM

Tryout Dates & Locations:

*Sunday, March 11, 2012 Kutztown University Field House (Indoor)
Sunday, April 1, 2012.....Robesonia Playground
Sunday, May 20, 2012..... Berks County Recreation Facility
Sunday, June 24, 2012Kutztown University
*REGISTRATION @ 7:00 AM, TRYOUT STARTS @ 8:00 AM
REGISTRATION @ 8:00 AM, TRYOUT STARTS @ 9:00 AM

Program that you are trying out for (Check all that Apply):

___ Spring (March Tryout Only), Age as May 1, 2012:
___ 10-U ___ 11-U ___ 12-U ___ 13-U ___ 14-U
___ Summer (March & April Tryouts Only), Age as May 1, 2012:
___ 10-U ___ 12-U ___ 14-U ___ 16-U ___ 19-U
___ Fall (All Tryout Dates), Graduation Year
___ 10-U (2020-21 Grads) ___ 12-U (2018-19 Grads) ___ 13-U (2017 Grads)
___ 14-U (2016 Grads) ___ 16-U (2014-15 Grads) ___ 18-U (2013 Grads)

PLAYERS NAME: _____

PLAYERS EMAIL ADDRESS: _____

PARENTS NAME: _____

PARENTS EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ MOBILE: (____) _____

SCHOOL DISTRICT: _____

PRIMARY POSITION: _____ SECONDARY POSITION: _____

BAT: _____ THROW: _____ HEIGHT: _____ WEIGHT: _____

BIRTHDATE: _____ GRADUATION YEAR: _____

Berkshire Optimist Baseball Club

P.O. Box 170, Womelsdorf, PA 19567-0170

Phone: 610-927-4306 Fax: 610-927-4307

TRYOUT WAIVER/RELEASE FORM

Tryout Dates & Locations:

***Sunday, March 11, 2012.....Kutztown University Field House**

Sunday, April 1, 2012 Robesonia Playground

Sunday, May 20, 2012.....Berks County Recreation Facility

Sunday, June 24, 2012 Kutztown University

***REGISTRATION @ 7:00 AM, TRYOUT STARTS @ 8:00 AM**

REGISTRATION @ 8:00 AM, TRYOUT STARTS @ 9:00 AM

PARTICIPANTS NAME: _____

I understand that a baseball tryout is an athletic activity. As an athletic activity, the above named participant is responsible for all health risks associated with the activity. I, the undersigned, release the Berkshire Optimist Baseball Club from any and all liabilities concerning this activity and the athletic activities that will take place therein.

Finally, I/we agree that in the event of illness or injury to my son/daughter during a Berkshire baseball practice or tryout, I/we hereby give consent for the performance of such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

SIGNATURE PARENT/GUARDIAN

DATE

FAMILY PHYSICIAN & PHONE NUMBER: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY TELEPHONE: _____

MEDICAL RESTRICTIONS: _____