



2012 TRYOUTS
PRE-REGISTRATION FORM

_____ \$30 Tryout Fee (One Time Fee) Circle Age Group U13 U14 U15 _____

Player Name: _____ DOB ____ / ____ / ____ Age: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Alt Cell # _____ Parent (s) Name: _____

Primary Email: _____ Second Email: _____

2012 Mizuno Wildcats Tryouts Waiver Form

Attendee Name: _____

Person to notify in emergency: _____

Home telephone: _____

Alternate Telephone: _____

Players Doctor Name: _____

Players Doctor Phone # _____

Medical concerns/allergies: _____

Parent or legal guardian must sign below before the attendee is allowed to participate.

As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to try out for the Mizuno Wildcats Baseball. I understand there are inherent risks in participating in this tryout. I hereby take responsibility for all costs of medical treatment and indemnify Wildcats Baseball against all claims. I also consent to allow medical treatment in case of emergency.

Signature of parent/legal guardian: _____

Date: _____

Checks should be made out to Mizuno Wildcats and mailed with required forms to:

Mizun Wildcats Baseball
49 Lashua Road
Ashburnham, MA 01430