



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: _____