



Screaming Eagles Baseball - Youth Boys

Tryout
(Circle one)
1st 2nd

Registration Form

PLEASE PRINT CLEARLY

Player's Name: _____

DOB (mm/dd/yyyy): ____/____/____

Upcoming Grade: 2nd 3rd 4th 5th 6th 7th 8th

Throws: R / L Bats: R / L

Top 3 Positions Most Played: P C 1ST 2ND SS 3RD OF

Team(s) Last Year: _____

Address: _____

Phone Number: _____

Email Address: _____

Father's Name: _____ Cell#: _____

Mother's Name: _____ Cell#: _____

Would you be interested in being a coach/helper if your child makes the team? YES / NO

If yes, please provide the following

Name: _____ Phone Number: _____

I/We, the parent(s) of a candidate for a position on a Screaming Eagles Team, hereby give my/our approval to his/her participation to any and all activities.
I/We assume all risks and hazards incidental to such participation including transportation to and from activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Screaming Eagles, its organizers, sponsors, supervisors, participants and persons transporting my/our child, except to the extent and in the amount covered by liability insurance. I/We understand that medical insurance will not be provided by the Screaming Eagles.
I/We will furnish a certified birth certificate and/or current school report card of the candidate upon request of the Screaming Eagles Board of Directors and/or coach. I/We agree to return equipment issued to my/our child in as good of condition as when received, except for normal wear and tear. I/We give the Screaming Eagles permission to post unidentified images of my/our child on its website. All coaches will have to submit information for a background check.

A \$50 Non-Refundable deposit will be required within 3 days of accepting a position on the team if offered a position.

Parent Signature: _____ Date: _____