

CSTSBA PLAYER APPLICATION 2011-12 SEASON

PLEASE PRINT

Player Name:	Tryout # <small>(will be assigned at registration table)</small>
Address	Birthday
City	Age Group
Home Phone	Parent Name(s)
Emergency Phone	E-mail Address

What team did you play on last year? _____

What positions did you play last year? (Circle) P C 1B 2B SS 3B LF CF RF _____

What position(s) did you play the most? _____

What do you consider your best position(s)? _____

Manager preference: _____

**(RETURNING PLAYERS ONLY) THIS WILL NOT EXCLUDE YOU
FROM BEING CHOSEN BY THE OTHER MANAGER**

How did you hear about us? (Circle) Newspaper Web Site Park Dist. Brochure Tournament _____

Comments: _____

WAIVER AND RELEASE

Please read this form carefully and be aware that in registering yourself or your minor child/ward in the above program, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any such injuries, damages, or loss regardless of the severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims I or my child/ward may have against the CSTSBA and its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I or my child/ward may have or may accrue to me or my child/ward on account of my participation or the participation of my child/ward in the above program. I further agree to indemnify and hold harmless and defend the CSTSBA and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, or losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program. I have read and fully understand the above program details and waiver and release of claims.

DATE _____

SIGNATURE (Parent / Guardian) _____