



**DOWNTOWN
BASEBALL CLUB**
Sign-up & Application Form



Tryout Participant Information

Player Name: _____ Birthdate: _____ Grade: _____

Address: _____ Previous Team/League _____

City: _____ State: _____ Zip Code: _____

Parent/Contact Information

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Medical Information

Emergency Contact: Name and Phone (other than parent) _____

Medical Insurance/Policy Number: _____

Physician Name: _____ Phone Number: _____

Current Medical Conditions (asthma, allergies, medications, contact lenses, etc.):

Downtown Baseball has permission to publish photos of my child. Yes No

Height _____ Weight _____ Bats _____ Throws _____ Jersey/Shirt Size _____

Hat Size _____ Helmet Size _____ Primary Position _____ Secondary Position _____

Number Choices x3: _____

RELEASE AND ASSUMPTION OF RISK

As a parent or guardian of the above-named participant, I hereby state that I am voluntarily applying for my child to participate in baseball related activities with Downtown Baseball. I/we hereby give my /our approval to participate in all activities, including but not limited to tryouts, practice, games, fundraising events and transportation to and from sanctioned activities. I/we know that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve, indemnity and agree to hold harmless Downtown Baseball, the organizers, sponsors, supervisors, participants and persons transporting my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident of liability insurance.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability for future claims and is a contract between myself and Downtown Baseball.

Parent/Guardian
Signature

Parent/Guardian
Print