



2020 Season Player Tryout Registration Form

2019 Team (Cutoff Date is May 1st)
U9 U10 U11

Player: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

School: _____ Grade: _____

Parents Names: _____

Email(s): _____

Emergency Contact (other than parents):

Name: _____ Phone: _____

Height: _____ Weight: _____

Throws: _____ Bats: _____ Primary Positions: _____

Previous Team _____

MEDICAL RELEASE/LIABILITY WAIVER

I, the parent or guardian of the above-named player, hereby gives approval to his participation in any and all activities during his tryout for Next Level Baseball. I assume all risks and hazards incidental to such participation and do hereby waive, absolve, indemnify and agree to hold harmless the local league association, Next Level Baseball, its organizers, coaches, sponsors, supervisors and its officials for any claims arising out of injury to the participant.

I also grant permission to coaches, managing/organizing personnel and supervisors to authorize and obtain medical care from any licensed physician, hospital or emergency medical staff should the participant become ill or injured while participating in the tryout when neither parent nor guardian is available to grant permission for emergency treatment.

Parent or Guardian Signature _____ Date: _____

PLEASE BRING COMPLETED FORM TO TRYOUT

If you have any questions please email jhallnextlevel@yahoo.com or contact us at 419-787-7463