



# MCBR/USSSA

## Hilton Cadets Youth Travel Baseball 2010 TRYOUT REGISTRATION FORM

Registering for: [ ] 10U [ ] 12U [ ] 13 Prep [ ] 14/15 Juniors

### PARTICIPANT INFORMATION

Player's Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell / Work Numbers \_\_\_\_\_

Email Address(es) \_\_\_\_\_

School \_\_\_\_\_ Grade (2009-2010) \_\_\_\_\_ Shirt Size \_\_\_\_\_

Baseball Experience Number of Years \_\_\_\_\_ League(s) \_\_\_\_\_

### INSURANCE INFORMATION

A participant is admitted only upon the expressed condition that he is covered by a current health/accident insurance policy.

Insurance Carrier \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Policy Number \_\_\_\_\_

I hereby approve the registration of my child to participate in MCBR/USSSA baseball program. I understand and agree that neither MCBR/USSSA, its officers, coaches or other agents, or any townships or School Districts will be held responsible for any and all injuries. I also agree to show and support good sportsmanship and abide by the rules of MCBR/USSSA. I/We, the parent(s)/guardian(s) of the player named above do hereby give my/our permission to the player named above for participation in any and all activities during the current year and assume all risks and hazards incidental to the conduct of the program. I/We do release, absolve, indemnify and hold harmless Hilton Central School District, Hilton-Parma Recreation the organization, its sponsors and supervision, and in the case of injury, we waive all claims against the league and its officers.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

All schedules and league information are located on our league web site: [www.mcbaberuth.com](http://www.mcbaberuth.com)