

Killer Bees Tryout Form 2012-2013

(Please print legibly)

Name: _____

(Last) (First)

Address: _____

(Street) (City) (Zip)

Phone: _____ Birthdate: _____

(Home/Cell)

(Month/Day/Year)

Graduation Year: _____ (This is your playing age)

High School: _____ Coach's Name: _____

Position Played: _____

Parents' Names: _____ Parent's Cell: _____

Email Address: _____

Which Team did you play for last year? _____

Bat: Right _____ Left _____ Throw: Right _____ Left _____

WAIVER AND RELEASE OF ALL LIABILITY

I realize that participation in any sporting activity may potentially result in injury to the participant. On behalf of my daughter or ward (or behalf of myself if I am over 18 years of age), I knowingly assume the risk of such injury or injuries. Further, I expressly waive any legal or equitable remedies that may accrue to the participant, the participant's family or me as a result of participation in the Killer Bees tryout for the 2012-2013 softball season. It is my intention that this waiver be read as broadly as possible such that Killer Bees Softball Club, its coaches and volunteers must have no liability of any sort or nature as a result of participation in these softball tryouts. I further agree and intend to release the Killer Bees Club and all coaches and volunteers from all liability or claims associated with these tryouts.

_____ Dated: _____, 2012

Signature: Parent, Guardian, or Participant (if over 18)