

# Atlantic Baseball Club Mariners Tryout Form

Tryout # \_\_\_\_\_ (Office)

\$50.00 Tryout Fee

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Player's Birth Date: \_\_\_\_\_

Guardian/Parents Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_ **Please Print Email Address Very Clearly**

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Throws:      Right      Left                      Bats:              Right      Left

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Payment Method:    Cash    Check    MC    VISA    AMEX    Amount Enclosed: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp.Date \_\_\_\_\_

Three Digit Code On Back: \_\_\_\_\_ Four Digit AMEX: \_\_\_\_\_

**INFORMED CONSENT/HOLD HARMLESS:** I give permission for my child to participate in The Atlantic Baseball Club tryouts and activities. I realize that participating in Atlantic Baseball Club events may involve risks and dangers, both known and unknown, and have elected to have my child take part in these events. Therefore, I voluntarily accept and assume responsibility for all risk of injury, loss of life or damage to property arising out of training, preparing, or in any way participating with The Atlantic Baseball Club program. I further agree to indemnify, hold harmless, release, discharge, and covenant not to sue The Atlantic Baseball Club, the Board of Directors, Staff, Advisors, Agents, other participants, officials, advertisers, sponsors, and owners and lessees of the premises used to conduct these events from any and all liability as to any right of action that may accrue to me or my heirs or representatives for any injury to my child or loss that my child may suffer while participating in or associating in any way with the Atlantic Baseball Club program. I also grant permission for my child to be transported to local doctors, clinics or hospitals in the event of any injury.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

Atlantic Baseball Club 150 Corporate Park Drive Suite 2100 Pembroke, MA 02359