



**Team Mizuno USA**

**2017 Spring Softball Tryout Registration**

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Age Group: 10U\_\_\_ 12U\_\_\_ 14U\_\_\_

Positions: (Select all that apply)

Pitcher\_\_\_ Catcher\_\_\_

1st\_\_\_ 2nd\_\_\_ 3rd\_\_\_ SS\_\_\_

Left\_\_\_ Center\_\_\_ Right\_\_\_

Tell us about your child's playing experience and skill level:

Registration Fee: Cash\_\_\_\_\_ Check #\_\_\_\_\_

INFORMED CONSENT/HOLD HARMLESS. I give permission for my child to participate in Team Mizuno USA tryouts and activities. I realize that participating in Team Mizuno USA "Roadrunner" baseball 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 TEAM MIZUNO USA baseball program. I further agree to indemnify, hold harmless, release, discharge, and covenant not to sue 3Strikes, Inc. d/b/a Team Mizuno USA, its board members, staff, Advisors, Agents, other participants, officials, advertisers, sponsors, and owners and lessees pf 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 Team Mizuno USA "Roadrunners" baseball 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

\_\_\_\_\_  
Parent/Guardian Printed Name