

# Lincoln Sox 2018 Tryouts

Player's Name \_\_\_\_\_ Tryout # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

(City) (State) (Zip)

Phone – Dad (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Cell \_\_\_\_\_

Phone – Mom (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Cell \_\_\_\_\_

Email(s) \_\_\_\_\_

Previous Baseball Experience (Teams & Number of Years)

Three Favorite Positions (Rank in order: 1=first choice, 2=second, 3=third)

C	1B	2B	3B	SS	LF	CF	RF
_____	_____	_____	_____	_____	_____	_____	_____

Pitching Experience? Yes No \_\_\_\_\_

How did you hear about our tryout: \_\_\_\_\_

\*\*\*As you know, many organizations are busy selecting players. If your son is offered by a Sox team, we will ask you to accept a roster spot very soon after the offer is extended, and will require a deposit immediately (\$100 for automatic payments, or \$250 for manual payments) to secure your son's spot on the team. Please understand, without the deposit we will continue selecting other players.

I hereby give permission for my child: \_\_\_\_\_ to participate in the Lincoln Sox Baseball Tryout. Further, I authorize the coaching staff or other Lincoln Sox personnel to provide emergency medical treatment of an injury to, or illness of my child. If I cannot be reached, and a reasonable effort has been made to do so, I further authorize any qualified, licensed physician to render medical treatment which in his/her judgment may be necessary in the care of my child. We are aware that participating in baseball is a potentially hazardous activity. We understand that our child is not covered by any insurance plan through Lincoln Sox, Inc. and do hereby waive, release, absolve, indemnify and agree to hold harmless Lincoln Sox, Inc. and any of its affiliated volunteers including administrators, coaches and other participants in the event of an injury or illness to my child that occurs during this tryout. I understand and assume all risks, including but not limited to falls, contact with other participants, being hit with a ball, the effects of weather, traffic and other reasonable risk conditions associated with the game of baseball. All such risks are known and understood by me.

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

Date: \_\_\_\_\_