



**2010
16-19 BASEBALL TRYOUT
REGISTRATION FORM**

Player's Name _____ School _____

Home Address _____ Phone _____

City/Town _____ State _____ Zip _____

Date of Birth _____ Present Age _____ E-Mail: _____

Does the registered player have any physical or other condition the FHRC, Manager or Coaches should be aware of? (i.e. allergies, shortness of breath, diabetes etc.) YES _____ NO _____
(PLEASE COMMENT) _____

PARENT/GUARDIAN INFORMATION: E-Mail Address _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

FEE: \$185.00

(make checks payable to FHRC)

(Checks will be cashed after team selections. Fee will be refunded to players not making a team)

PROGRAM PARTICIPATION AGREEMENT: I confirm that I have read and understand the Forest Hill participation/waiver agreement and understand that my child or I will not be covered by any accident insurance while participating in the Forest Hill Recreation Council Program. I agree that I will not hold the FHRC, baseball and/or softball program, team, manager, coaches, umpires or instructors responsible for injuries incurred while participating or traveling to or from activities. I also confirm that I have read the Forest Hill Code of Conduct and agree to abide by the stated terms.

I also understand that my child's participation on a Forest Hill 16-19 baseball team is not automatic and is subject to a competitive selection process through a series of tryouts held in early spring. I understand that this is not a pay-and-play league and I acknowledge that my child's talents will be evaluated against other players by several coaches as criteria for selection to the final team rosters.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

TOTAL FEE PAID _____ CHECK # _____ CASH _____ DATE _____

AMT TO BE APPLIED TO THIS FORM _____ REGISTERED BY _____ AGE GROUP _____

Mail to: 16-19 Baseball Registration, 804 Lancaster Drive, Bel Air, MD 21014