

Cougars Elite Travel Baseball Try-out Registration/Waiver
\$10.00

<u>Tryout #</u>

Player Information:

Age Group Trying Out For (circle): 8u 9u 10u 11u 12u 13u 14u 15u 17u

Players Name: _____

Players Birthdate: _____ Age: _____

Grade for the upcoming school year: _____ Name of School: _____

Preferred Positions: _____ Bats (L or R) _____ Throws (L or R) _____

Baseball Teams played for in 2015-2016: _____

If chosen for the Cougars Elite Team, will this be your primary baseball team? (circle): Yes No

If no, please explain: _____

If chosen, I understand a **\$150.00 deposit is due in 7 days** to accept my team position (circle): Yes

Player Information:

Parent/Guardians Names: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

How did you hear about Cougar Elite Try-outs? _____

LIABILITY WAIVER

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Cougars Elite Baseball, Recognizing the possibility of physical injury associated with baseball and in consideration for Rochester Cougars Elite accepting the registrant for its baseball programs and activities, I HEREBY RELEASE, DISCHARGE, and/or INDEMNIFY Rochester Cougars Elite Baseball and associated personnel, including the owners of fields and facilities utilized for Rochester Cougars Elite Baseball activities against any claim by or on behalf of the registrant as a result of the registrant's participation in the Rochester Cougars Elite Baseball activity, and/or being transported to or from the same.

Print Name: _____

Signature: _____ Date: _____

Payment: \$10.00

2016 Cougar Player, fee waived Cash Check payable to R.C.E.B. Check# _____