

2022 OSHAWA LEGIONAIRES SELECT TRYOUT REGISTRATION

www.baseballoshawa.com

Player Personal Information: **PRINT CLEARLY**

Player's First Name: _____

Player's Last Name: _____

DOB: (mm/dd/yyyy) _____

SELECT DIVISION AGE TRYING OUT FOR: Check one

9U 2013/2014 _____

11U 2011/2012 _____

13U 2009/2010 _____

15U 2007/2008 _____

Address: _____

City/Town: _____

Postal Code _____

Please identify and list any medical or health concerns: _____

Parental/Guardian personal Contact Information:

Parent/Guardian Last Name: _____

First Name: _____

Home Phone: _____

Cell Phone Number: _____

E-mail Address: (print neatly to ensure you receive all information) _____

2021 Team Played for: _____

Positions trying out for: 1. _____ 2. _____ 3. _____

Personal Injury Waiver & Website Disclaimer

The sport of baseball is not without risk of personal injury. While every effort is made to ensure your child has a safe, enjoyable season, there remains an element of risk. Your signature acknowledges that risk and relieves the Coaching Staff, The Baseball Oshawa OLMBA and its Executive and the Royal Canadian Legion, Branch 43 from any liability in connection with any baseball event, including but not limited to practices, workouts, tryouts, games, tournaments, special events, travel to and from locations and events etc. I also authorize Baseball Oshawa (Oshawa Legion Minor Baseball Association) to utilize my child's likeness and / or name on the Baseball Oshawa OLMBA website www.baseballoshawa.com and or newsletters and promotional posters or displays for the purposes of promoting Baseball Oshawa / Oshawa Legion Minor Baseball Association and the game of baseball.

Parent/Guardian Signature

(I understand and agree to the above Disclaimers)

Date

