MBS Jets Club Tryouts

Player Information									
	T								
Name:				Birth Date:					
Address:				Phone #:					
City:				Zip:					
School Dist:			Grade:						
		Play	yer Exper	rience					
Skills:		Pitcher	Catc	her Infiel	d	Outfield			
		Team		Season		Positions Played			
Previous									
Experience:									
Notes:									
	L								
		Emergency	Contact	Information					
			1						
Name:				Home Phone:					
Relationship:	ıship:			Work Phone :					
E-Mail:		Cell Phone:							
	<u> </u>		<u> </u>						
Name:				Home Phone:					
Relationship:				Work Phone :					
E-Mail:				Cell Phone:					

MBS Jets Tryout Waiver & Release of Liability & Indemnification Form

Each player and parent should read this release before signing this release.

In connection with my entry into the MBS Jets Club tryouts, I acknowledge that I understand the sport involves certain activities that could possibly cause injury. I personally and completely assume all risks and hazards incident to the conduct of this tryout. I do further hereby release, indemnify and hold harmless the Township of Saginaw, the MBS Jets Club and it's board of directors and coaches, or any and all of them from any claims arising from the activities in connection with my, or my child's participation in the tryout. I also agree to carry adequate personal and/or family insurance coverage and attest and verify that my child is physically fit to participate in this tryout.

Player Name:		
Player Signature:	 	
Date:		
Parent/Guardian Signature: _		
Date:		