



Tryout Waiver

Player Name: \_\_\_\_\_

Primary Position(s): \_\_\_\_\_

Secondary Position(s): \_\_\_\_\_

Throw: Right Left Hit: Right Left Switch

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Home High School: \_\_\_\_\_

Current School: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

- Would you be willing to help during practices and/or games? Yes No
o We will ask to have 2-3 parents helping us set up the field, run stations, hit ground/fly balls, etc. on a daily basis to keep player down time between reps to a minimum
• Are you interested in being a full-time assistant Coach? Yes No
o If yes, tell us about your experience
• Is there anything you would like us to know about your player?
o

By signing this waiver below, I, as the parent, take responsibility and assume all risk associated with this tryout. I hereby release The Colorado Clutch team, the SE Aurora CO Youth Baseball Corp., volunteer coaches, the Spartans Youth Club organizations from all claims and liability of any kind of personal injury to my child or property damage due to participation in the tryout.

Parent / Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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