

GENEVA BASEBALL ASSOCIATION 2009 TRAVEL TRY-OUT

(This is NOT a registration form)

Please print clearly

<u>PLAYER INFORMATION</u>			**SIGNATURES REQUIRED**
PLAYER'S NAME (last, first, middle initial)			<p style="text-align: center;">HOLD HARMLESS AGREEMENT</p> <p>I/We the undersigned recognize and acknowledge that baseball is a game in which there are risks of injury to the participants. Because of this and desiring that the above named player participate in GENEVA BASEBALL, I/we agree that I/we shall indemnify and save the GENEVA BASEBALL ASSOCIATION, IT'S OFFICERS, BOARD MEMBERS AND MANAGERS harmless for any and all liability, for damages due to injuries or otherwise, including death, sustained by the above named player arising directly or indirectly from participation as a player in said league. I/We further agree to procure and maintain in full force and effect a suitable policy for health and accident insurance covering said named player during his/her participation in the GENEVA BASEBALL ASSOCIATION.</p> <p>I acknowledge that I have read, understand and agree to the rules printed above.</p> <p style="text-align: center;">*****Signature of Parent/Guardian*****</p> <hr style="border: 1px solid red;"/>
DATE OF BIRTH	AGE as of 4/31/09	GRADE (FALL08)	
ADDRESS			
Special Medical Instructions (pre-existing conditions/medicines/etc.):			
<u>PARENT OR GUARDIAN INFORMATION</u>			<p>POWER OF ATTORNEY FOR CONSENT TO TREATMENT OF MINORS</p> <p>To whom it may concern: This is to certify that I/We do hereby constitute and appoint Geneva Baseball Association or any of its appointed agents to authorize and consent to the administration of any emergency medical treatment deemed necessary by qualified medical personnel on the below named minor during the baseball season beginning April 1, 2009.</p>
PRIMARY CONTACT - NAME:			<p>Name of Minor: _____</p> <p style="text-align: center;">*****Signature of Parent/Guardian*****</p> <hr style="border: 1px solid red;"/>
ADDRESS:			<p>Date _____</p>
HOME PHONE:	CELL PHONE:		<p>Are you staying on-site for the entire try-out evaluation?</p> <p style="text-align: center;">YES or NO</p>
WORK PHONE:			<p>IF NOT - Please list one additional emergency contact:</p> <p>Name/Relationship: _____</p>
E-MAIL ADDRESS:			<p>Telephone Number: _____</p>
DID PLAYER PARTICIPATE IN GENEVA BASEBALL IN 2008? YES or NO			

Travel team age bracket _____

***Players who qualify for the GBA Travel Teams will be notified by phone within a few days of the evaluation. Travel Team rosters will be posted on the GBA website.

GBA registration will be required for all travel players. 2009 registration will begin in September 2008.