



**JACKSON BASEBALL ASSOCIATION
&
THE VARSITY BASEBALL PROGRAM**



2011 13/14 YEAR OLD TRAVEL REGISTRATION TRY-OUT FORM

Player Name: _____ Age: (on April 30, 2011) _____ Birth date: ____/____/____

Address: _____ City: _____ Zip: _____ Phone No.: _____

Parent/Guardian Name: _____ E-mail Address: _____

2010 School: _____ 2010 Team: _____ and Age: (ex... 12U) _____

2010 Primary Positions Played: _____ Registration Fee: _____

There will be a \$200 Registration Fee due with this Form. The Registration Fee will be applied to the Player's 2011 Travel Team Fees and is refundable only to those Players who do not make the team.

REGISTRATION DEADLINE – JULY 23, 2010

PLEASE MAIL COMPLETED FORM AND REGISTRATION FEE TO THE FOLLOWING ADDRESS:

JACKSON BASEBALL ASSOCIATION
P.O. BOX 36810
CANTON, OHIO 44735

TRYOUT INFORMATION

JULY 30, 2010	TIME: 3:30 PM – 6:00 PM (SKILLS EVALUATION FOR 13U PLAYERS)
JULY 31, 2010	TIME: 1:00 PM – 4:00 PM (SKILLS EVALUATION/INTER-SQUAD PLAY FOR 13U PLAYERS)
AUGUST 1, 2010	TIME: 1:00 PM – 4:00 PM (INTER-SQUAD PLAY FOR 13U PLAYERS)
AUGUST 1, 2009	TIME: 5:00 PM – 7:00 PM (SKILLS EVALUATION/INTER-SQUADPLAY FOR 14U PLAYERS)
AUGUST 2, 2009	TIME: 6:00 PM – 7:00 PM (MAKE UP DATE: SKILLS EVALUATION FOR 13U AND 14U PLAYERS)

Check-in will be 30 minutes prior to the start time at North Field #16

COACHING APPLICATION: The Varsity Travel Baseball Program is accepting applications for coaching positions. Qualified candidates must demonstrate an extensive background in playing and coaching baseball at competitive levels. The ideal candidates will have strong organization, communication, and motivational skills combined with baseball training and coaching experience. **ONLY QUALIFIED CANDIDATES NEED APPLY.** Application forms may be found at www.jacksonbaseball.org. Deadline for coaching applications is JULY 23, 2010. Please send to the address list above.

WAIVER OF LIABILITY

WE HEREBY REPRESENT THAT OUR CHILD IS PHYSICALLY FIT AND ABLE TO PARTICIPATE IN THE JBA/VARSITY TRAVEL BASEBALL TRY-OUT. WE ASSUME ALL RESPONSIBILITY FOR ANY INJURIES OR HARM THAT MIGHT HAPPEN TO OUR CHILD AND WILL INDEMNIFY AND HOLD HARMLESS THE JACKSON BASEBALL ASSOCIATION INC. AND VARSITY BASEBALL STAFF, ALL OFFICERS, TRUSTEES, MEMBERS, EVALUATORS AND MANAGERS/COACHES FROM ANY AND ALL CLAIMS FOR LIABILITY FROM OUR CHILD PARTICIPATING IN THE TRY-OUT. THE UNDERSIGNED ALSO ACKNOWLEDGES THAT HE/SHE IS AWARE THAT INJURY MAY RESULT FROM PARTICIPATING IN THIS SPORTING EVENT.

Parent/Guardian Signature: _____ Date: _____

MEDICAL RELEASE

In the event reasonable attempts to contact me at _____ (Phone No.) or other parent/guardian _____ (name) at _____ (Phone No.) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ (physician) and Dr. _____ (dentist) or, in the event that the preferred practitioner is not available, treatment by another licensed physician or dentist and the transfer of the child to _____ (hospital) or any hospital of reasonable access. This authorization does not cover major medical surgery unless the medical opinions of two licensed physicians or dentists concurring on the necessity of such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical conditions to which a physician, manager, or coach should be alerted to are (please be specific):

Parent/Guardian Signature: _____ Date: _____

Printed Name and Address: _____

Insurance Carrier: _____ ID Number: _____

The Medical Release and Waiver of Liability sections must both be completed and signed before a child can participate in the try-outs.