

# Berkshire Optimist Baseball Club

**P.O. Box 170, Womelsdorf, PA 19567-0170**  
**Phone: 610-927-4306 Fax: 610-927-4307**

## FALL TRYOUT REGISTRATION FORM

### Tryout Dates & Locations:

**\*Sunday, March 13, 2011.....Body Zone Sports Complex**

**Sunday, April 3, 2011 ..... Robesonia Playground**

**Sunday, May 22, 2011.....Berks County Recreation Facility**

**Sunday, June 26, 2011 ..... Kutztown University**

**\*REGISTRATION @ 12:00 PM, TRYOUT STARTS @ 1:00 PM**

**REGISTRATION @ 8:00 AM, TRYOUT STARTS @ 9:00 AM**

Program that you are trying out for:

\_\_\_ 10-U (2019-20 Grads)

\_\_\_ 12-U (2017-18 Grads)

\_\_\_ 13-U (2016 Grads)

\_\_\_ 14-U (2015 Grads)

\_\_\_ 16-U (2013-14 Grads)

\_\_\_ 18-U (2012 Grads)

PLAYERS NAME: \_\_\_\_\_

PLAYERS EMAIL ADDRESS: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

PARENTS EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

PRIMARY POSITION: \_\_\_\_\_ SECONDARY POSITION: \_\_\_\_\_

BAT: \_\_\_\_\_ THROW: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

# **Berkshire Optimist Baseball Club**

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## **TRYOUT WAIVER/RELEASE FORM**

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**PARTICIPANTS NAME: \_\_\_\_\_**

I understand that a baseball tryout is an athletic activity. As an athletic activity, the above named participant is responsible for all health risks associated with the activity. I, the undersigned, release the Berkshire Optimist Baseball Club from any and all liabilities concerning this activity and the athletic activities that will take place therein.

Finally, I/we agree that in the event of illness or injury to my son/daughter during a Berkshire baseball practice or tryout, I/we hereby give consent for the performance of such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**FAMILY PHYSICIAN & PHONE NUMBER: \_\_\_\_\_**

**EMERGENCY CONTACT PERSON: \_\_\_\_\_**

**EMERGENCY TELEPHONE: \_\_\_\_\_**

**MEDICAL RESTRICTIONS: \_\_\_\_\_**