



East Lansing Baseball Club Tryout Registration Form

Tryout # _____
(Club Use Only)

Player Name: _____ Parent/Guardian Name: _____

AGE ON May 1st: _____ Date of Birth: _____

Grade: _____ School: _____

Home Address:

Street _____ City _____ State _____ Zip Code _____

Home Phone: _____ E-Mail Address: _____

Two favorite fielding positions:

Previous baseball experience:

Medical Treatment Authorization

In case of an emergency, please contact:

Name: _____ Home Phone: _____

Cell Phone: _____

Medical Insurance Company: _____

Insurance Policy Numbers: _____

_____, as parent or legal guardian of the participant named above, authorizes the East Lansing Baseball Club to seek medical an/or surgical treatment deemed reasonably necessary to treat participant. I further authorize the medical facility that treats the participant to release all information necessary to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature of Parent/Guardian

Date

Do we have authorization to use your child's photo on our website? YES NO