



SBA BUCKS TRYOUTS REGISTRATION FORM

Date: _____

Name:		
Age:	Height:	Weight:
Date of Birth:		
Grade (for 2020-2021 school year):		
Address:		
Email (parent):		
Home Phone:		
Cell Phone (parent):		
Current Team(s):		
Primary Position(s):		
Secondary Position(s):		
Other sports/activities that could conflict with SBA Bucks year round program (include middle school sports):		

Medical Consent/Waiver:

I hereby state that my child is in good health, and has my permission to participate in all Snyder Baseball & Softball activities. In the event of injury or illness, I authorize Snyder Baseball & Softball to act for me in securing medical treatment. By signing below, I agree that in case of accident or injury while attending a Snyder Baseball & Softball program, to release the facility, the ownership, the coaches and directors from any and all liability. Each child is required to carry personal medical coverage.

**Parent/Guardian
Signature:**