**Southern Counties PeeWee All-Star Team – Tryout Registration 2019**

Bring this form to Tryouts with tryout fee of $20. Players who are successful in making the team will be required to pay an additional fee, to be determined, to cover uniform & tournament fees.

**Cheques made out to SCBA.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLAYER INFORMATION** | | | **FEMALE** |  | **MALE** | | |  |
| **Given Name** |  | | **Date of Birth** | DD | MM | | YEAR | |
| **Surname** |  | | **Postal Code** |  | |  | | |
| **Address of Residence** |  | | | **Town** |  | | | |
| **Allergies / Medical Conditions** | |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PLAYER HISTORY** | **Association Played for;** |  | |
| **Positions Played** |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hitting** | Right |  | Left |  | Switch |  | **Pitching Experience** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2019 Coaches Name |  | Phone: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARENT / GUARDIAN INFORMATION** | | **Home Phone** |  |  |  |
| **Given Name** |  | **Surname** |  | | |
| **Email** |  | **Cell Phone** |  |  |  |

* I hereby give my consent that my child, or ward, can register & play for the Southern Counties Baseball Association.
* I agree to abide by the rules, regulations, policies & decisions of the SCBA & its affiliates.
* I understand that SCBA & its affiliates are not responsible for my child or any injuries that he/she may incur. In the event no one can be contacted, team management will have my child taken to the hospital if deemed necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNATURE** |  | DD | MM | YEAR |
| **PRINT NAME** |  | **DATE** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** | **CHEQUE NO.** | **#** | **CASH** | | **$** | |
| **SCBA SIGNATURE** |  | | **DATE** | DD | MM | YEAR |