

Shaw Park Traveling Teams Try-Out Application Form

Please print clearly and fill out form completely, including signature block.

Team Applying For: _____

Seasons Applying for: Fall: Year _____ Spring: Year _____

NAME: Last: _____ First: _____ Birth date: _____

Address: _____ Home #: _____

City: _____ St: _____ Zip: _____

Email Address: _____

School: _____ Age: _____

Years Playing Baseball: _____ Park and Team played last spring: _____

Bats: (L R) Throws: (L R) Positions: _____

Parent1: _____ Rel: _____ Cell: _____

Parent2: _____ Rel: _____ Cell: _____

I/We the parents of the above named child hereby give my/our permission for his/her participation in the Baseball program at Shaw Park. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/We do further release, absolve, indemnify and hold harmless Cobb County Parks and Recreation Department, the organizers of the activity, sponsor, the supervisors, any or all of them, in case of injury to my/our child. I/We hereby waive all responsibility any person transporting my child to or from the activity, or to the doctor or hospital in case of injury. **No signature, no play.**

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

REGISTRATION DEADLINE: TBD

TRYOUTS: TBD – Check www.shawparkbaseball.com/travel for updated date and time information

Email to: traveling@shawparkbaseball.com Or Mail to: SHAW PARK BASEBALL
P.O Box 669755 Marietta, GA 30066