

# P STATELINERS SOFTBALL

## 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> Grade Tryout Registration Form Sunday, January 11, 2015 at Outlaws Indoor Facility 3-4:30 p.m.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Circle all that apply:    Pitcher            Catcher            Infielder            Outfielder

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

### Emergency Contact/Consent

I give my consent and approval for the above named student to participate in 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade tryouts on January 11, 2015. I also give my consent and approval for the above named student to be treated and cared for by a hospital emergency room staff.

I understand that the Town of Phillipsburg, the Phillipsburg School District, and the Lehigh Valley Outlaws are not responsible for any injuries incurred while participating in the tryouts. (Sign upon entering tryouts)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Phone Number

### Insurance Information

Do you have medical insurance?    Yes            No

If yes, subscriber's name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Please email this complete form to [statelinersoftball@gmail.com](mailto:statelinersoftball@gmail.com). If email is not available, please bring it with you to tryouts.

For more information, email [statelinersoftball@gmail.com](mailto:statelinersoftball@gmail.com)