

P STATELINERS SOFTBALL

6th, 7th, and 8th Grade Tryout Registration Form Wednesday, January 20, 2016 at Outlaws Indoor Facility (404 Country Line Rd. Rt. 519, Phillipsburg) 4:30-6 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 6th, 7th and 8th grade tryouts. 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.

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 mail this completed form as well as the Liability Waiver to
200 Hillcrest Blvd. Phillipsburg, NJ 08865 Attn: Kristin Boyer.**

For more information, email statelinerssoftball@gmail.com