



**Tryout Evaluation Camp Registration Form**

Player's Name: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

Bats: \_\_\_\_\_ Throws: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

E-mail address (print clearly): \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Daytime & Cell Phone Number: \_\_\_\_\_

Father's Daytime & Cell Phone Number: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

(Specify relationship & phone number)

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*By signing below, I the parent/legal guardian of the above named player acknowledge and accept all conditions of the Ontario Prospects Tryout Evaluation Camp whether written or otherwise. I hereby give permission to the Ontario Prospects and their staff to act in the best interest of my child should an emergency arise in my absence. Furthermore, I release the Ontario Prospects and their staff from any claim arising from my child's participation in this camp. I further acknowledge that my child is in good health and has no medical conditions that should preclude him from participating in a camp of this nature. Should there be any limitations on my child's participation, I will submit them in writing prior to the commencement of the camp. I understand that in the event of inclement weather the Ontario Prospects reserve the right to delay, postpone, alter or shorten the camp as necessary without providing a refund to participants.*

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

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

\_\_\_\_\_  
Date

