



## Player Registration Form

Name of Player: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age as of May 1<sup>st</sup> 2022: \_\_\_\_\_

Grade in School: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

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

### GENERAL RELEASE AND INDEMNIFICATION

I hereby agree and acknowledge that these baseball tryouts involve some risk of injury, which cannot fully be anticipated and protected against by the Thompson Rivers Parks and Recreation District and its staff and assistants. I further understand and agree that while the District maintains substantial liability insurance coverage, there is no guarantee of coverage for every incident and injury. The District insurance exists to protect against accidental injury and/or damage which may be sustained by myself or my child while engaged in this activity, I assume the risk here involved and hereby hold harmless and release from any and all liability for negligence of any measure resulting in injury and damage, the TRPR district, its directors and assistants.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_