



Player Registration Form

Name of Player: _____

Date of Birth: _____

Age as of December 31st, 2021: _____

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 _____