

INDIANA COUNTY ENERGY (ICE) COLT LEAGUE BASEBALL

2018 Team Try-out Application

Bring \$10 registration/tryout fee, a copy of birth certificate, and necessary equipment! Tennis shoes only indoors at PBS!! See website for more info: www.playballsportsindiana.com!!

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BIRTH DATE: _____ AGE on APRIL 30, 2018: _____

SCHOOL DISTRICT: _____ 2017/18 SCHOOL YEAR GRADE: _____

I would like to try-out for the: Colt League (AGES 15-17) _____

List three positions you can play with your primary position first:

1: _____ 2: _____ 3: _____

HIGH SCHOOL COACH NAME/PHONE: _____

List your playing experience and prior teams:

I submit this try-out application to Play Ball Sports LLC and agree to participate in try-out activities so that I may be considered for selection to Indiana County Energy (ICE) Colt baseball team.

Player's Signature _____ DATE _____

I agree as parent or guardian of the above named individual to give permission for him to participate in the try-outs. On behalf of my son and myself, I voluntarily accept and assume all risks incurred by him while participating in the try-outs and waive and release Play Ball Sports LLC of any and all liability.

Parent/Guardian Signature: _____ DATE _____