



2020-21 Emporia Reds Baseball Tryout/Registration Form

Players Name: _____

Players Age: (as of April 30, 2021) _____

School: _____

Date of Birth: _____

Phone Number: _____

Number of Years Playing Baseball: _____

Positions Played:

1 _____

2 _____

3 _____

Have you pitched: Y/N

Have you caught: Y/N

Interested in playing:

Fall _____

Spring _____

Both _____

Parent Name _____

Address _____

City: _____

Zip Code: _____

Cell: _____

Email: _____

I, the undersigned parent or guardian, waive all rights to hold the Emporia Baseball Club, its coaches, officials, officers, and Board of Directors responsible for any injury to my child during the 2019/2020 baseball season. Please sign Waiver on reverse side.

Print Name _____

Signature _____

Date: _____