

Tryout Registration Form

Number _____

Oriole Park Baseball Association

Oriole Park Dogs

Oriole Park Wildcats

Player Contact Information

Player Name		Phone		Cell	
Address		City		State	
Zip		Age		Date of Birth	
Email (please)					
Gardian Name		Phone		Relationship	

Girls: Softball

Age Group 8U 10U 12U 14U	What team(s) and Park Association(s) did player play on this past season?
	Entering which grade this fall? 2nd, 3rd, 4th, 5th, 6th, 7th or 8th
	Did you play with a Travel organization last year? If so, what team and park association was it?
	What position(s) did you play last year?

Boys: Baseball

Age Group 8U 9U 10U 12U	What team(s) and Park Association(s) did player play on this past season?
	Entering which grade this fall? 2nd, 3rd, 4th, 5th, 6th, 7th or 8th
	Did you play with a Travel organization last year? If so, what team and park association was it?
	What position(s) did you play last year?

Medical Authorization

I hereby release the Oriole Park Baseball Association from any and all claims and liability of any kind of personal injury or property damage due to participation in this program/tryout. I certify that my child is in good health and able to participate in all activities. For any attention required for illness or injury, I give permission to an Oriole Park Baseball Association volunteer for such care. I have read and understand the above.

Parent/guardian Signature: _____

Date: _____

Emergency contact phone number: _____