



Team Georgia Softball Academy Registration and Release Form 2011/2012

Complete the registration and release form below. This must be completed in order to participate in a tryout session.

Player's Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

Age (as of 12/31/11): _____ Birthdate (MM/DD/YY): _____

Names of Parents or Guardians: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail: _____

Contact (In case of emergency):

(Name) (Phone #)

Primary Position (check one): P C 1B 2B 3B SS LF CF RF UT

Secondary Position (check one): P C 1B 2B 3B SS LF CF RF UT

Throw: R L Bats: R L Switch Slap

Previous Travel Team/Age Group: _____

Previous Travel Team Coach: _____

Years of Travel Softball Experience: _____

Hitting Lessons: Y N Instructor (If applicable): _____

Pitching Lessons: Y N Instructor (If applicable): _____

High School (2011-12): _____ Grad Year: _____

Softball objectives (what do you want to accomplish?)

I, the undersigned, parent or guardian of participant, shall indemnify, release, hold free and harmless Team Georgia Baseball Academy, LLC, its agents, employees, officers, and directors from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of the participant's involvement in activities associated with Team Georgia Softball Academy and Team Georgia Baseball Academy, LLC.

Parent/Guardian Signature

Date