



# GEORGIA STARS TRYOUT REGISTRATION FORM

TRYOUT FEE: \$25

PLAYER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE (2014-2015 SEASON) \_\_\_\_\_  
CURRENT SCHOOL \_\_\_\_\_  
PRIMARY POSITION \_\_\_\_\_ SECONDARY POSITION(S) \_\_\_\_\_  
NUMBER OF YEARS PLAYED \_\_\_\_\_ LAST LEAGUE \_\_\_\_\_  
LAST TEAM \_\_\_\_\_  
OTHER SPORTS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_  
FATHER'S EMAIL \_\_\_\_\_  
MOTHER'S EMAIL \_\_\_\_\_  
LIST ANY MEDICAL PROBLEM OR PROHIBITION PLAYER HAS \_\_\_\_\_  
PERSON TO NOTIFY IN EMERGENCY \_\_\_\_\_  
EMERGENCY TELEPHONE \_\_\_\_\_

The participant does for himself. his legal representatives, successors and assigns, covenant not to sue the Georgia Stars Baseball Academy (GSBA), its legal representatives, successors and assigns for any claims, demands, actions causes of action, debts, sums of money, suits, damages, responsibilities and liabilities of whatsoever kind arising out of any injury which may be sustained by the undersigned while participating in any recreational activities of whatsoever kind (hereinafter referred to as the "Activities") on the Facilities managed by the GSBA, located at its commonly known address of 4525 South Berkley Lake Rd. Norcross, GA 30071

The undersigned does himself. his legal representatives, successors and assigns, agree to indemnify the GSBA, its legal representatives, successors and assigns, and hold the GSBA, its legal representatives, successors and assigns, harmless from any and all liabilities, claims, demands, suits, actions, causes of action, charges, damages, fees or any other legal proceeding brought or made against the GSBA and/or its legal representation, successors and assigns arising out of or related in any way to, and acts. neglect or omissions, of GSBA, or its guest or others while the undersigned is participating in any activity which may be reasonably related to the Activities on said facilities.

he undersigned does himself, his legal representatives, successors and assigns, agree to pay any and all loss, damages (actual and exemplary), cost, expenses, invoices and bills, including attorneys' fees, incurred regardless of whether paid by GSBA, its legal representatives, successors and assigns as a result of such claims set forth herein above.

I acknowledge that my or my child's participation in activities at GSBA is voluntary. I hereby certify that I'm over 18 years of age, I have read and agree to all the above terms and conditions. I am aware that by signing this agreement I assume all risks and waive and release all substantial rights that I may have and possess.

SIGNED \_\_\_\_\_ PARENT OR GUARDIAN