

OLMSTED TRAVEL BASEBALL ASSOCIATION TRYOUT FORM

Division Age (May 1, 2017) U8__ U9__ U10__ U11__ U12__ U13__ U14__

Preferred League – CVBA__ PURITAS__ EITHER__

PLAYER #
(OTBA TO FILL IN)

Players Name _____ D.O.B. _____ Age _____

Street Address _____ City _____ School _____

Parent Name(s) _____ Home Phone _____

Parents' Email _____

Last team your son played on:

League Name _____ Coaches Name _____

INDEMNIFICATION BY PARENT OR GUARDIAN

The undersigned guardian of _____ agree to save, indemnify, and keep harmless Olmsted Travel Baseball, Association. its agents, board members, coaches, and volunteers against any and all liability and claims, judgments, or demands for damage arising as a result of injuries sustained while attending, participating, and playing in any and all Olmsted Travel Baseball Association tryouts (player evaluations).

Signature of Parent or Guardian _____ Date _____

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