

# SLCC Men's Bruin Baseball Tryout Registration Form

Name of Player: \_\_\_\_\_ Age : \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip : \_\_\_\_\_

Name of Parent or Guardian (if under 18 yrs): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

## Participant/Parent Statement of Agreement

I hereby recognize and assume that participation in this program may involve bodily and/or emotional injury to myself and/or my child and authorize Salt Lake Community College program staff act on my behalf in accordance with their best judgment in case of an emergency; I recognize that all other participative agencies are not held liable for any accident or injury while participating in the above program, and that in the event of injury to myself and/or my child, Salt Lake Community College is not held responsible for reimbursement of medical expenses resulting from such accident or injury.

Refund Policy: A refund less 25% of the registration fee for administrative costs can be requested until the clinic starting date. After this date, no refunds will be given. All refunds must be requested in person, accompanied with a written refund request, and no refunds shall be given after the first day of the program.

By signing this assumption of risks, liability release and refund policy statement, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures and that I agree to its terms.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature (Parent or legal guardian, if under 18 yrs)

FOR OFFICE USE ONLY:

RECEIPT # BY \_\_\_\_\_

DATE: \_\_\_\_\_