



2011/2012 Tryout Registration Form

\$20.00 insurance fee payable to: Midwest Bruins

Name: _____

Address: _____

Phone #: _____ Date of Birth: (mm/dd/yy) _____

Email (that is checked daily): _____

Mother/Guardian: _____ Phone #: _____

Father/Guardian: _____ Phone #: _____

High School attending: _____ Grad Yr. _____

Primary Position: _____ Secondary Position: _____

Jersey # _____ Bats: (circle one) RH LH Throws: (circle one) RH LH

60 time: _____ Catcher Pop-Time _____ ACT/SAT Scores: _____

Team played for during 2011 season: _____

What other organized activities are you involved in: _____

Baseball Honors received: _____

What I hope to gain out of being a Midwest Bruin: _____

I acknowledge that I have been provided a copy of the Midwest Bruin 2012 tryout information. If I accept a position on the 2012 team and later quit or if any parent or legal guardian later remove player from the team, I acknowledge and agree that I will not be released from my financial obligation to pay for the players share of the teams budget. If I accept a position on the 2012 team, I consent to the player being placed on the roster, website and other printed materials and agree that any release of the player will be in the sole discretion of Midwest Bruin Baseball.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____