

# **ABA Sluggers Tryout Player Information**

Wednesday, June 14<sup>th</sup> and Wednesday June 21<sup>st</sup>, 2017

Valley High School - Baseball Field

8U-12U Check-in 9:30am Tryouts 10am-12pm

13U-14U Check-in 12:30pm Tryouts 1pm-3pm

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Parents Cell Phone #'s: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade (2017/2018): \_\_\_\_\_

Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

Pitch: Y N Bats: R L S Throw: R L Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## **PARTICIPATION AUTHORIZATION**

(ABA TEAF Refers to ABA Touch-em-All Foundation; ABACA Refers to Albuquerque Baseball Academy Coaches Association)  
I hereby give my consent for my child to participate in all athletic activities being conducted by TEAF and ABACA and declare that I will not hold ABA TEAF nor ABACA their employees, contracted agencies, or any volunteer associates with the program, responsible for any injuries, damage, or personal loss incurred while participating in said program. The undersigned and the above named participant are aware that the activities conducted by ABA TEAF and ABACA may result in injury and the participant &/or guardian assumes all the risk in participating in such activities. I/we also agree not to hold ABA TEAF or ABACA liable for an injury sustained when instructing/coaching my child or other players in any sports venue.

## **MEDICAL AUTHORIZATION**

I understand that the ABA TEAF and/or ABACA, their staff and all persons related directly or indirectly with the athletic activities assume no financial obligation or liability; but in the case of accident or illness, I grant my authorization to secure medical treatment for the above named minor if I cannot be contacted immediately. I hereby consent to the administration of any and all medical procedures necessary by the attending authorities.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if participant is under 18 years old)

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please complete and fax to (505) 856-2255 or email to [alfoster9@gmail.com](mailto:alfoster9@gmail.com)

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