

**CATCH-ALL BASEBALL, LLC
TRYOUTS RELEASE FORM**

Athlete's Name: _____ Date: _____
Last First Initial
Age _____ DOB _____ Ht. _____ Wt. _____ School _____
General Health _____
Health Problems _____
Medications Taking _____
Insurance Information (name and policy number) _____
Additional medical Information _____

ATHLETE'S RELEASE FORM

Realizing that by participating in athletic events, my/our child may be seriously injured or killed, in consideration of your acceptance of this release from, I/we, the undersigned, intending for us and our child to be legally bound do hereby, for ourselves and our respective heirs, executors and administrators, WAIVE, RELEASE, ACCEPT THE RISK AND FOREVER DISCHARGE any and all rights and claims for damages which I/we and our child may have, or which may hereafter accrue against Catch-All Baseball, LLC and any local patrons, donors, hosts facility owners or any other support group organization, their respective officers, representatives, members, employees, volunteers, and successors involved in the conduct of the _____(Year) Catch-All Baseball, LLC training academy, season, camps and/or other team related activities (collectively the "Release") for all claims, liabilities, and damages which may arise out of partial or complete negligence or carelessness on the part of the Releasee in connection with my/our child's association with or participation in any event involving Release, or which may arise out of travel to and from such events. (Initial)_____

CONSENT FOR MEDICAL TREATMENT

I/we hereby grant on behalf of our child to the owners, directors, coaches or other officials of Catch-All Baseball, LLC my/our permission for medical treatment and/or hospitalization (including anesthesia) as may be reasonably necessary for my/our child to receive on account of any injuries sustained which are caused directly or indirectly from travel to or participation in or returning from events involving Catch-All Baseball, LLC. I/we verify that my/our child has been checked by a licensed physician and is physically able to participate in the Catch-All Baseball, LLC training academy, season, camps and/or any other team related activities. I/we authorize my/our insurance company to pay benefits to any medical personnel, ambulance, hospital or clinic which treats my/our child. I/we also, authorize the disclosure of medical information to my/our insurance company for the purpose of a claim. I/we acknowledge that the information disclosed in the health history which we supply to Catch-All Baseball, LLC may be given to the medical personnel who are involved in the treatment of my/our child. (Initial)_____

AUTHORIZATION TO USE OR RELEASE OF INFORMATION

I/we hereby authorize Catch-All Baseball, LLC to allow the reproduction, dissemination, and/or publication of my/our child's name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, video or audio tape recording. This is to be done in conjunction with my/our child's participation with Catch-All Baseball, LLC training academy, season, camps and/or any other team related activity. I/we understand that I/we or my/our child will not be paid a fee or receive individual promotional consideration from my/our child's participation in such baseball season, training or camps or activities, nor will I/we or my/our child receive any payment for the possible commercial use of my/our child's name or likeness. (Initial)_____

SIGNATURE OF ATHLETE: _____
NAME OF FATHER/GUARDIAN: _____
SIGNATURE OF FATHER/GUARDIAN: _____
NAME OF MOTHER/GUARDIAN: _____
SIGNATURE OF MOTHER/GUARDIAN: _____
HOME PHONE NO.: _____ WORK PHONE NO.: _____ CELL PHONE NO.: _____
HOME PHONE NO.: _____ WORK PHONE NO.: _____ CELL PHONE NO.: _____
ADDRESS: _____