

PAC-WEST BASEBALL
Information/Waiver Form – Idaho Rockies

PLAYERS NAME _____

GRADE _____ SCHOOL _____

PARENTS NAMES _____

PHONE NUMBER _____

EMAIL _____

PRIMARY POSITION _____ SECONDARY POSITION _____

TRYING OUT FOR: 15u TEAM / 14u TEAM / 13u TEAM (circle one)

I, _____, hereby certify that my child,
_____, is in sound physical condition and is able to
participate in the Idaho Rockies tryouts. I shall assume full financial
responsibility if he is injured—requiring treatment above and beyond the care
provided by Pac-West Baseball. I shall not expect, nor request, any financial
aid from Pac-West or any agency representing Pac-West Baseball.

Parent/Guardian Signature

Date ___ / ___ / ___

**Players are required to bring this information/waiver form to the tryouts*

“Players of Today with Dreams of Tomorrow”

www.pacwestbaseball.com