



## Spring Carolina Vipers Baseball Academy, Inc. Baseball and Softball Tryout Registration Form

Please fully complete this form and fax to (704) 749-9414 or email to [mikepolito@goviperbaseball.com](mailto:mikepolito@goviperbaseball.com)  
This information will only be used by the coaching staff of the Carolina Vipers Baseball Academy, Inc. and will not be shared with any other parties. Spring Tryout fee will be \$10 for returning Viper players and \$15 for new players.

### 1. General

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

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

### 2. Fall Obligations

Player's 2014 Expected Spring Sports Activity (if not playing another sport leave blank)

### 3. Most Recent Baseball Experience

Season/Year Division/Age Group Park or Location Coach's Name

### 4. Most Recent Position(s) Played:

Pitcher  Catcher  1st  2nd  3rd  Shortstop  Outfield

### 5. Availability

Please indicate any schedule conflicts (specific days of the week, vacations, etc.) that you and your child may have. Also provide any other comments about your child or the travel ball experience that you would like to share with coaching staff: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WAIVER:** I hereby request and grant permission to the instructors and officials of the Union County Vipers to provide care to my child in the event of injury or illness if I am not present. Such care may include, but shall not be limited to, first aid treatment, transporting to a medical facility or the summoning of emergency assistance. I the undersigned parent or appointed guardian of the above named child, do hereby agree to indemnify and hold harmless the UCV organization and its officials, managers, coaches, and assistants from all liability for the above named child's activities of any nature with said association. I acknowledge that participation in this tryout and related activities involves an inherent risk of physical injury, and on behalf of the registrant, hereby assume all such risk and do hereby release and forever discharge the UCV and all agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from this registrant's participation in or involvement with this clinic, including any failure of equipment or defect on or in the premises.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_