



ACADEMY TRYOUT REGISTRATION FORM
(FILL IN FORM AND RETURN TO ACADEMY STAFF OR MAIL TO:
ALL AMERICAN BASEBALL ACADEMY 404-O2 DRESHER RD., HORSHAM, PA 19044
OR FAX TO: 215-469-5642)

First Name: _____ Email Address: _____

Last Name: _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date of Birth: (M/D/YYYY) _____ Age: _____

Address: _____ Year of Grad from H.S. _____

_____ School: _____

City: _____

Bats R L S

State: _____

Throws R or L

Zip Code: _____

Primary Position _____

PSAT: _____ SAT: _____

Secondary Position _____

GPA: _____

Height _____ Weight _____

Parents names: _____

Tee Shirt Size: _____

Do Not Write Below!

Evaluation:

60 YD.: _____

PoP Time: _____

Arm: _____

Bat: _____

Glove: _____



ALL AMERICAN BASEBALL ACADEMY LIABILITY WAIVER

In consideration of being allowed to participate in any tryout, workout, game, seasonal play, or other activities (Activities) organized by the All American Baseball Academy, Inc. the undersigned prospective player ("Player") agrees to assume all risks incidental to such participation (including, without limitation to, injury or loss to person or property). Each of the undersigned hereby agrees to release and forever discharge the All American Baseball Academy, Inc. from any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, that any of the undersigned ever had, now has or hereafter can, shall or may have against the All American Baseball Academy, Inc. arising out of or in any way related, directly or indirectly, to Player's participation in such activities.

Each of the undersigned parent(s) or guardian(s) of Player hereby agrees to indemnify and hold harmless the All American Baseball Academy, Inc. from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, incurred by the All American Baseball Academy, Inc. and arising out of or in any way related, directly or indirectly, to Player's participation in such activities. Each of the undersigned parent(s) or guardian(s) of Player hereby ratifies Player's execution of this waiver and release form.

At least one parent or guardian of Player must sign this form if Player is under the age of 18, in order for Player to participate in any All American Baseball Academy, Inc. activity.

Player Signature

Name (printed):

Date: Player's date of birth: Age:

Parent / Guardian Signature

Name (printed):

Date:

Parent / Guardian Signature

Name (printed):

Date: