

# OPEN TRYOUT CAMP REGISTRATION

Born after May 1st 1997 and all players 1998, 1999, 2000, 2001, 2002

Please Circle

Tuesday July 21st - 10:30am Rivergrove Park

Wednesday July 22nd - 10:30am Rivergrove Park

Players Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Posta Code: \_\_\_\_\_

2015 Summer Team: \_\_\_\_\_ Position(s): \_\_\_\_\_

Bats: \_\_\_\_\_ Throws: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

High School (For Fall of 2015) \_\_\_\_\_

Mothers Name & Cell Phone Number: \_\_\_\_\_

Fathers Name & Cell Phone Number: \_\_\_\_\_

Emergency Contact (other than mother & father -specify phone number and relationship)

By signing below, I the parent/legal guardian of the above named player acknowledge and accept all conditions of the Ontario Blue Jays Tryout Camp weather written or otherwise. I acknowledge that I will make all necessary payments and understand that refunds will only be made in exceptional circumstances prior to the commencement of the camp. I hereby give permission to the Ontario Blue Jays and all of their staff and personnel to act in the best interest of my child should an emergency, medical or otherwise arise in my absence. I further acknowledge that my child is in good health and has no medical conditions that should preclude him from participating in a camp of this nature. Should there be any limitations on my child's participation, I will submit them in writing prior to the commencement of the camp. I understand that in the event of inclement weather, the Ontario Blue Jays reserve the right to delay, postpone, alter or shorten the camp as they see fit.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please complete form and bring to Open Tryout or scan and e-mail to Kyle DeGrace at [kdegrace@ontariobluejays.com](mailto:kdegrace@ontariobluejays.com)