

GRIND BASEBALL

Player Name: _____ DOB: _____

Address: _____

Parent Name: _____

Phone Number: _____ Email: _____

Parent Name: _____

Phone Number: _____ Email: _____

What team/s has your son played on in the past? If any travel ball experience, please indicate below:

Any allergies or medical conditions please list:

I/we the parents of _____ give my/our approval to participate in The Grind's tryout/clinic to be held at The Grind and the CT Sportsplex. I/we assume all risks and hazards incidental to such participation and hereby waive, release, absolve, indemnify and agree to hold harmless The Grind's instructors, coaches, and staff for any claim arising out of injury to my/our child whether the result of negligence of any cause, except to the extent and in the amount covered by accident/liability insurance.
