



WORCESTER ZONE A.A.U. BASEBALL 2014 SEASON TRYOUT APPLICATION



THE WORCESTER ZONE A.A.U. BASEBALL PROGRAM IS AFFILIATED WITH:



THE STRIKE ZONE

Worcester's Baseball and Softball Indoor Training Facility

10 Mann Street · Worcester, Massachusetts 01602 · Telephone: 508.752.4766 · www.kzonecages.com

THE STRIKE ZONE is pleased to announce A.A.U. Baseball tryouts for the following ages:

- 9 & Under (born on or after May 1, 2004)
- 10 & Under (born on or after May 1, 2003)
- 11 & Under (born on or after May 1, 2002)
- 12 & Under (born on or after May 1, 2001)
- 13 & Under (born on or after May 1, 2000)
- 14 & Under (born on or after May 1, 1999)
- 15 & Under (born on or after May 1, 1998)

TRYOUT DATE, TIME and LOCATION:

Please refer to The Strike Zone website (under the A.A.U. "The Zone" link) for updated tryout dates, times and locations.

TRYOUT FEE:

\$25.00

PRE-REGISTRATION IS STRONGLY RECOMMENDED

(this will allow us to invite the appropriate coaches to the tryout based upon the applications received)

Call 508.752.4766 or visit www.kzonecages.com for additional information.



Please register me for the following tryout ():

9-and-Under 10-and-Under 11-and-Under
 12-and-Under 13-and-Under 14-and-Under 15-and-Under

Player name: _____ Date of Birth: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

**Tryout fee is \$25.00 (checks made payable to The Strike Zone). Please return application and submit fee to:
THE STRIKE ZONE · ATTN: AAU BASEBALL TRYOUT · 10 MANN STREET · WORCESTER, MASSACHUSETTS 01602**

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement

The Participant and/or participant's parent(s)/ guardian(s) acknowledge, understand and assume all risks inherent with participating in this program/tryout.

I, the parent/guardian of, _____, hereby give my consent for their participation in "The Strike Zone" program/tryout. Also, I hereby release, indemnify and agree to hold harmless "The Strike Zone" and any of its directors, officers, coaches, agents, affiliates, sponsors, and associated personnel against any legal claim by or on behalf of the participant as a result of participation in the program. I also give my consent for all medical care prescribed by a medical doctor, EMT or nurse to preserve the physical well being of my child.

Parent/Legal Guardian (please print): _____

Signature: _____ Date: _____