



## BWG ACADEMY TRYOUT REGISTRATION FORM

Player's First Name: \_\_\_\_\_

Player's Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Current Team \_\_\_\_\_

Age Group: \_\_\_\_\_

Position: \_\_\_\_\_

### MEDICAL CONSENT AND RELEASE OF LIABILITY

I, the undersigned parent/guardian of \_\_\_\_\_,

hereby release and discharge the BWG Academy, its officers, board, agents, employees and volunteers for any injury, loss or liability, which results or is alleged to have resulted from participation in the BWG Academy tryouts. I have read the above and fully understand the Medical Consent and Release of Liability.

\_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Name (other than parent/guardian)

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

**All players trying out will be required to have a completed registration form.**