



BWG ACADEMY TRYOUTS REGISTRATION FORM

Player's First Name _____

Player's Last Name: _____ Birth Date: _____

Age: _____ Male: _____ Female: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Current Team: _____ Age Group: _____

Position: _____

MEDICAL CONSENT AND RELEASE OF LIABILITY

I the undersigned parent/guardian of _____ hereby release and discharge B.W. Gottschee, its officer, board agents, employees and volunteers for any injury, loss or liability which results or is alleged to have resulted from participating in the BWG 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 complete registration form.