

FOLSOM BASEBALL CLUB



SPRING BASEBALL TRYOUT SCHEDULE

11 AND UNDER

MONDAY 12/07/09 6:00 - 8:30 LEMBI
SUNDAY 12/13/09 9:00 - NOON LEMBI

DIVISIONS

11U

11 OR YOUNGER ON 4/30/10

12U

12 OR YOUNGER ON 4/30/10

13U

13 OR YOUNGER ON 4/30/10

14U

14 OR YOUNGER BY 4/30/10

12 AND UNDER

WEDNESDAY 12/09/09 6:00-8:30 LEMBI
SATURDAY 12/12/09 9:00 - NOON LEMBI
SUNDAY 12/13/09 9:00 - NOON LEMBI

13 AND UNDER

SUNDAY 12/06/09 1:00 - 4:00 FLC
TUESDAY 12/8/09 6:00 - 9:00 LEMBI
SATURDAY 12/12/09 BY APPT. JUDAH
SUNDAY 12/13/09 1:00 - 4:00 FLC

14 AND UNDER

SATURDAY 12/12/09 11:30 - 3:00 FMS
SUNDAY 12/13/09 10:30 - 1:00 FMS

FOLSOM BASEBALL
CLUB

705 East Bidwell
Suite 2 - # 147
Folsom, CA 95630

FLC = FOLSOM LAKE COLLEGE
FMS = FOLSOM MIDDLE SCHOOL

**PLAYERS ARE ENCOURAGED TO ATTEND
ALL SESSIONS, PLEASE NOTIFY THE
MANAGER IF YOU MUST MISS A TRYOUT.**



FOR MORE DETAILS PLEASE VISIT
WWW.FOLSOMBASEBALLCLUB.COM



SPRING 2010 TRYOUT REGISTRATION WAIVER & RELEASE



Division: _____ Player Birthday _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Phone: _____

Address: _____

Mother's Email Address: _____

Father's Name: _____ Phone: _____

Address: (if different) _____

Father's Email Address: _____

Medical Insurance Company: _____ Policy #: _____

WAIVER:

I/We as parent(s) or guardian(s) of (Player's Name) _____ (further referred to as the player) in consideration for being permitted by the Folsom Baseball Club to participate in practice, try-outs, activities, programs and baseball games in which the Folsom Baseball Club is involved, hereby waive, release and discharge any and all claims for damages for personal injury, death and property damage as a result of participation in said activities, which I/we and/or the player may have, or which may hereafter accrue to any of the aforementioned persons. This release is intended to discharge in advance of said activities, the Folsom Baseball Club, the Folsom Cordova Unified School District, Folsom Recreation and Park District and all officers, agents, employees, sponsors, coaches, players and participants of these organizations from any and all liability arising out of or connected in any way with my/our son/daughter's participation in said activities even though liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that the aforementioned activities involve an element of risk and danger of accidents, including but not limited to the possibility of being struck by a pitched, batted or thrown ball; knee or leg injuries from running or sliding, or other such dangers that would be expected in the game of baseball; and knowing those risks, hereby assume those risks on the part of the player and the undersigned(s). It is further agreed that this waiver, release and assumption of risks is to be binding upon all heirs, relations and assigns of the player. I/we agree to indemnify, without regard to the alleged or actual negligence (active, passive or sole negligence included) of the above-named organizations, persons or entities, and to hold the above-named organizations, persons or entities free and harmless from any loss, liability, damage, cost or expense, including but not limited to attorney fees and court costs, which they may incur as the result of property damage, death of or any injury to the noted player sustained while participating in the activities denoted herein.

I/we hereby consent that my/our son/daughter participate in the above activities and I/we hereby execute this agreement on his/her behalf. I/we state that said minor child is physically able to participate in said activities. I/we hereby grant permission to managing personnel of the Folsom Baseball Club to authorize and obtain emergency medical care from any licensed physician, hospital or medical clinic should the player become ill or is injured while participating in the denoted activities when neither parent nor legal guardian is available to grant permission for emergency care.

SIGNATURES:

PARENT(s)/Guardian(s): _____ Date: _____

PARENT(s)/Guardian(s): _____ Date: _____

Tryout fees are \$25.00

Please mail completed tryout registration from with the tryout fees to:

Folsom Baseball Club
705 East Bidwell, Suite 2 -#14
Folsom, CA 95630