



2025 Twinsburg Travel Baseball Tryout Registration

Please Print

Players Name: _____

Tryout # (TBL Use Only): _____

Players Birthdate: _____

Age as of April 30th, 2025: _____

Name of School attending: _____

Grade for 2024-2025 school year: _____

Preferred Positions: _____

Bats (L or R) _____ Throws _____

Age Group Trying Out For (circle): 8U 9U 10U 11U 12U 13U 14U

Parent/Guardians Names: _____

Home Address: _____

Home Phone #: _____

Cell Phone #: _____

E-Mail Address: _____

LIABILITY WAIVER

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Twinsburg Baseball League, Inc. Recognizing the possibility of physical injury associated with baseball and in consideration for Twinsburg Baseball, Inc. accepting the registrant for its baseball programs and activities, I HEREBY RELEASE, DISCHARGE, and/or INDEMNIFY Twinsburg Baseball League (TBL), and associated personnel, including the owners of fields and facilities utilized for TBL activities against any claim by or on behalf of the registrant as a result of the registrant's participation in the TBL activity, and/or being transported to or from the same, which transportation I hereby authorize:

Date: _____

Print Name: _____

Signature: _____