



Hamilton Cardinals Baseball Association Tryout Sign in Form

Player Information

Player Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Prov. Postal Code

Date of Birth: _____

Parent or Guardian: _____ Cell: _____ Email: _____

Parent or Guardian: _____ Cell: _____ Email: _____

Current Hamilton Cardinals Rep team trying out for: _____

Recent Hamilton Cardinals team played for (if applicable): _____

Name of Organization recently played for if not the HCBA: _____

Was a Release
Granted?: Yes/No

Playing Information

Bats	Left <input type="checkbox"/> Right <input type="checkbox"/>	Throws	Left <input type="checkbox"/> Right <input type="checkbox"/>
Pitcher	<input type="checkbox"/>	3 rd Base	<input type="checkbox"/>
Catcher	<input type="checkbox"/>	Left Field	<input type="checkbox"/>
1 st Base	<input type="checkbox"/>	Centerfield	<input type="checkbox"/>
2 nd Base	<input type="checkbox"/>	Right Field	<input type="checkbox"/>
Shortstop	<input type="checkbox"/>		

Disclaimers and Signature

Rep team tryouts are for youth members of the Hamilton Cardinals Baseball Association. This form is required to be filled out, if a player does not have an eligible address within the HCBA boundaries or has not played Rep Baseball in the HCBA previously, they will not be allowed to take part in the tryout without a release from their local association and/or permission from a designated member of the HCBA Executive. Original documentation of the release is required at the tryout.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a position on a team, I understand that false or misleading information in my application may **result in my position on the team being revoked.**

Player
Signature: _____ Date: _____

Parent
Signature: _____ Date: _____