



# Hornets Baseball

*New England A.A.U*

## 2012 HORNETS TRYOUT APPLICATION

PLEASE BRING TRYOUT FORM WITH A CHECK/MONEY ORDER FOR \$35 MADE OUT TO THE HORNETS TO YOUR FIRST TRYOUT

(WHICH TEAM ARE YOU TRYING OUT FOR – PLEASE CIRCLE)

**13U Team**

**14U Team**

**Underclassmen (17U)**

**Name:** (Please Print) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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

**Insurance Name** \_\_\_\_\_ **Insurance Number:** \_\_\_\_\_

Positions			Bat	Throw
1.	2.	3.		

I UNDERSTAND AND ACCEPT THE CONDITION THAT NEITHER MIKE GIARDI NOR ANYONE ELSE ASSOCIATED WITH THE HORNETS DEVELOPMENTAL BASEBALL PROGRAM WILL ASSUME ANY RESPONSIBILITY FOR ACCIDENTS AND MEDICAL EXPENSES INCURRED AS A RESULT OF PARTICIPATION IN THE PROGRAM. THE APPLICANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE PHYSICAL ACTIVITY OF A VIGOROUS PROGRAM. I HEREBY AUTHORIZE THE DIRECTORS OF THE HORNETS TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Required if applicant is under the age of 18)

DO NOT WRITE BELOW – FOR STAFF USE ONLY

60-yd Dash	Pop Time	Arm Speed
Ground Balls	Fly Balls	Hitting
Athleticism	Attitude	Hustle