

**PRE-REGISTRATION FORM**  
**2010 WASHINGTON WILD THINGS TRYOUT**  
**MAY 1, 2010/CONSOL Energy Park**

*Camp begins at 9:00 a.m. Pre-Registration begins at 8:00 p.m.*

To be eligible for the 2010 season, players must not turn 27 years old prior to January 1, 2010  
Fee: \$50 NON-REFUNDABLE payable by check or money order to "Washington Wild Things"

Position

Player # (assigned by WWT)

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ S.S.No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Wt.: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Hometown: \_\_\_\_\_ High School: \_\_\_\_\_

College(s): \_\_\_\_\_

Years Played: \_\_\_\_\_ Eligibility Left: \_\_\_\_\_

Throw:    Right    Left

Bat:    Right    Left    Switch

Pro Experience:    Yes    No

Drafted:    Yes    No

Team: \_\_\_\_\_ Round: \_\_\_\_\_

Years Played: \_\_\_\_\_ Last Year: \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY:**

The undersigned, for or himself or as legal guardian of the minor named below, hereby consents to the participation in the following event: Washington Wild Things Tryout Camp beginning on May 1, 2010 at CONSOL Energy Park, Washington, Pennsylvania. A rain make up date will be held on May 2, 2010. The undersigned understands that this event may be potentially hazardous and that there is the possibility of injury. Knowing and understanding this, the undersigned for and on behalf of himself or the minor promise not to sue and hereby WAIVE AND RELEASE AND COMPLETELY DISCHARGE FROM ANY AND ALL CLAIMS OR LIABILITY WHATSOEVER, Frontier Professional Baseball, Inc. (the "Frontier League"), Washington Frontier League Baseball, LLC, Ballpark Scholarships, Inc., Washington & Jefferson College, and their trustees, members, shareholders, directors, officers, agents, employees, and volunteers, if any, arising from the participation in this event, whether such claims be foreseen or unforeseen, including claims for personal injury, death, or property damage.

I further grant to the Washington Wild Things and/or its agents the use of my likeness in any photographs, video recordings, motion pictures, or other record of the event for any reasonable purpose without compensation therefore.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 years of age)

Mail this form with non-refundable \$50 fee to:

Washington Wild Things, One Washington Federal Way, Washington, PA 15301

(There will be walk-up registration on the morning of Saturday May 1, 2010 beginning at 8 a.m.)