



## 2016 Joliet Slammers Open Tryout

Participants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/St./Zip: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age (as of 1/1/16): \_\_\_\_\_  
Position: \_\_\_\_\_ Bats: \_\_\_\_\_ Throws: \_\_\_\_\_  
College: \_\_\_\_\_ Years Played: \_\_\_\_\_  
Professional Experience: Yes No If Yes, what team(s)/year(s): \_\_\_\_\_  
\_\_\_\_\_  
Drafted: Yes No If Yes, team/year/round: \_\_\_\_\_  
Emergency Contact Name/Phone #: \_\_\_\_\_

### **2016 Open Tryout Details**

April 30 at Silver Cross Field

8:00 am – Registration open

9:00 am – Tryout begins

Cost - \$50.00 per player to pre-register now or (\$75 day of tryout)

Must be 20 years of age or older - No players can be 27 years of age after January 1st, 2016

### PAYMENT

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AmEx \_\_\_\_\_ Discover \_\_\_\_\_

Check \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

CVC: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Please make all checks and money orders payable to: Joliet Slammers and send to below address, Attn: 2016 Open Tryout

I release and hold harmless Joliet Community Baseball and Entertainment, LLC. (dba the Joliet Slammers) team representatives, the employees, the facility being used, its representatives and employees from any and all liability to me as a result of attending/participating in today's event. Furthermore, I am physically fit to participate in the daily program activities as set forth by the staff. I hereby authorize the staff of the Joliet Slammers to act for me in an emergency.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

Joliet Slammers | Silver Cross Field | 1 Mayor Art Schultz Drive | Joliet, IL 60432 |  
(815) 722-2287 | [www.jolietsslammers.com](http://www.jolietsslammers.com)