



2019 Spring Try-Out

Participants Name _____ Date of Birth _____
Email Address _____ Phone Number _____
Mailing Address _____
Position _____ Hometown _____
College _____ Years Played _____
Pro Experience: Yes or No If Yes, Team(s) _____
Drafted: Yes or No If Yes, Round _____ Height _____ Weight _____
Throws _____ Bats _____
Emergency Contact Name _____ Emergency Contact # _____

2019 TEAM TRY-OUT DETAILS

Wednesday May 22nd at GCS Ballpark in Sauget, IL

Registration at 7:45 a.m., stretch at 8:30 a.m.

\$60.00 per player if you preregister (must have form completed prior to the 14th)

\$75.00 per player day of tryout

Must be 20 years of age or older

No metal cleats allowed on field

No players can be 27 years of age after January 1st, 2019

PAYMENT

Visa _____ MasterCard _____ AmEx _____ Disc. _____ Check _____
Credit Card Number _____ Exp. _____ Zip Code _____
Name as it appears on the credit card _____

Please mail in form to preregister and make all checks and money orders payable and send to:

Gateway Grizzlies Baseball Club * 2301 Grizzlies Bear Blvd. * Sauget, IL 62206

Attn: Kurt Ringkamp

I release and hold harmless the Gateway Grizzlies Baseball team and camp representatives, the employees, the complex being used, its representatives and employees from any and all liability to me as a result of attending this activity. Furthermore I am physically fit to participate in the daily program activities. I hereby authorize the staff of the Gateway Grizzlies to act for me in an emergency.

Signature of Participant

Date