

LONG ISLAND JR. DUCKS BASEBALL CLUBS

PO BOX 1123 COMMACK NY 11725

PHONE/FAX; 631-858-1132

www.ducksbaseball.org

2012 Winter Workouts/Tryouts

PLAYER _____ DATE OF BIRTH _____
ADDRESS _____ HOME # _____
CITY _____ STATE _____ ZIP _____
EMAIL CONTACT _____
SCHOOL _____ Grad Year _____
TEAM ; 8U___ 9U___ 10U___ 11U___ 12U___ 13U___ 14U___
15U___ 16U___ 17U___ 18U___
2011 Summer Team _____
Positions _____
Ht _____ Wt _____

FATHER NAME _____ CELL# _____
MOTHER NAME _____ CELL# _____

I, the parent or guardian of the above named player on the long island jr ducks baseball club, hereby give my approval to their participation in any and all club activities during the season , I assume all risks and hazards incidental to such participation , and I hereby waive , release , absolve , indemnify and agree to hold harmless the long island jr ducks baseball organization and its coaches and all sponsors.

PARENTS SIGNATURE _____ DATE _____

Fill Out form completely and mail in with \$375 check payable to Jr Ducks,,PO Box 1123 Commack NY 11725, you will receive email confirmation upon acceptance.. Winter Program starts Sunday Starts Dec.4 for ages 12u and younger Starts Jan.8 for ages 13u and older.

Office Use Only:

JERSEY Ys Ym Yl Yxl As Am Al Axl Axxl # Choices _____

PANTS Ys Ym Yl Yxl As Am Al Axl Axxl CAP S/M M/L L/XL