



- 2010 -

13U, 14U, & 17U-18U - SBA BUZZ TRYOUTS!

WHEN: Sunday August 9th (see times below)

11am start for 14U player tryouts
1:30pm start for 17U & 18U player tryouts
4 pm start for 13U player tryouts

Second tryout on Wed. Aug. 12th by invite or pre-registration only
5:30pm start for all age groups.

WHERE: Beamer High School, 35999 16th Avenue South, Federal Way

Established in 2002, SBA and Buzz Baseball has been one of the most successful select baseball programs in Washington!

<http://www.buzzbaseball.net/>

Please call or email to pre-register and receive required tryout “release forms” or to request more detailed information. Forms must be signed by parent and returned before the start of tryouts.

Mike Nadeau 253 927-4460 nadeauinc@comcast.net
Greg Campbell 425 891-9788 seattlebaseballacademy@hotmail.com

2010 Tryout Form

Circle One: 13U 14U 18U

Contact Info for Player:

#	Player:	DOB:	Cell#	
Home Address:		City:	Throws:	Bats:
Player email:		ZIP:	(H) Phn:	
School Attending 2010:		Grade:		

Contact Info for Parents:

Contacts:	Name:	Phone (H)# :	Cell # :	Email:
DAD :				
MOM :				
Emergency:				

Player Baseball/ Sports Resume:

2009 Team:	09 Coach:	Positions: P, C, 1B, 2B, 3B, SS, CF,OF
2008 Team:	08 Coach:	Positions: P, C, 1B, 2B, 3B, SS, CF,OF
2009 School Sports Played:		School Awards:
2010 School Sports (Planned)		

PARENT OR GUARDIAN MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER AGREEMENT:

In case of emergency if family physician or parent cannot be reached, I/WE hereby authorize my son to be treated by Certified Emergency Personnel (EMT, ER, Physician, etc).

Preferred Hospital: _____ Physician: _____ Phone #: _____

Any known Allergies: _____ Last Tetanus Shot: _____

I/WE know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, Indemnify; and agree to hold harmless SBA Buzz and SBA Bombers and their Board, Coaches, Organizers, Sponsors, and affiliates; Federal Way School District; Seattle Baseball Academy; and participants; for any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/WE also certify that my child has sufficient accident/medical coverage for any contingency. I/WE understand the risks involved in playing youth baseball and I/WE grant authorization for our son /player (named above) to attend and participate in the SBA BUZZ (aka FW Buzz) and/or SBA Bomber tryouts.

Insurance Carrier: _____ Subscriber #: _____

Date:

Authorized parent/guardian signature