



Blue Devils Baseball Tryouts Registration and Medical Release Form

Name _____ Cell Phone _____

Home Address _____
(Street & Number) (City) (State) (Zip)

Date of Birth _____ Email _____

High School or Transferring College _____

Graduation Yr. _____ Current G.P.A. _____ ACT Score _____

High School Coach _____ Coach's Phone _____

Height _____ Weight _____ Position _____

Medical Release Form

"I, _____, am in good health and have no physical disability or problem of any kind which would restrict me in any way from participation in the baseball showcase and release Kansas City Kansas Community College and all its employees from any claim or action, because of any preexisting disability. I also recognize that no special accident insurance is provided and that Kansas City Kansas Community College is not liable for any injuries sustained from or resulting hereafter from participation in the baseball showcase organized by staff of Kansas City Kansas Community College. I authorize the directors and health care professional present at the baseball clinic to act according to their best judgment in any emergency requiring medical attention."

_____ Sign _____ Date

_____ Print Name