

24
January

2021 REDBIRDS
10U - 14U
Make-Up Tryouts

7-9PM

We are looking for a few skilled players at several age levels before determining 2021 teams

Call 517.204.0563 for more info.

ADVANCE REGISTER – info@coldwaterredbirds.com

****THIS IS APPT ONLY – MUST REGISTER AHEAD OF TIME****

PLAYERS MUST MAINTAIN SOCIAL DISTANCING & OTHER COVID-19 PRECAUTIONS AND PROCEDURES AT THE TRYOUT SESSIONS

The logo features the word "Redbirds" in a large, white, cursive script font. To the right of the text is a black silhouette of a cardinal's head facing left. Below the word "Redbirds" is a thick black horizontal bar. Underneath the bar, the word "BASEBALL" is written in a white, bold, sans-serif, all-caps font. The entire logo is set against a red rectangular background with a black border.

Redbirds
BASEBALL

@COLDWATER REC



Recreation Center Entry



Last Name: _____

First Name: _____

Phone
Number: _____

Today's
Date: _____

Parent
Name: _____
(if under 18)

Parent
Signature: _____
(if under 18)

Sport: _____

Coach's
Name: _____

I recognize that my participation in these activities will expose me and my property to certain risks. I understand and agree that I should not enter and participate unless I am medically able and properly trained. On behalf of myself and my heirs and assigns, I assume the inherent and extraordinary risk of and accept full responsibility for any and all injuries and accidents that may occur as the result of my participation in these activities. I hereby release from any liability whatsoever the City of Coldwater, any sponsors of this event, and any and all other persons involved in directing and providing these activities, known or unknown, anticipated or unanticipated. I waive any claim that I may later have as a result of any injury to me or my property which may result from my participation in these activities. I agree to indemnify the City of Coldwater, any sponsors of this event, and any and all other persons involved in directing and providing these activities, from any and all claims, including attorney fees and costs, that may be brought against any of them by anyone claiming to have suffered loss as a result of any injury to me or my property arising from participation in these activities. I further grant in perpetuity full permission to allow my name and/or photo to be used in any document, newspaper, broadcast, webcast, telecast or any other account of this event in any media without limitation and without prior notice or compensation to me. I have carefully read this release of liability, assumption of risk, indemnification agreement, and waiver, and I fully understand its contents. I am over 18 years of age or have parent permission. I am aware that this is a release of liability and a contract, and I acknowledge it of my own free will. I have not had any symptoms of Covid 19 or been around anyone with Covid 19. I have given my permission for the staff to take my temperature upon entering the Center.

☐ Check Box to Acknowledge