

# GATORBALL

BASEBALL ACADEMY

6750 NW 16<sup>th</sup> Street – Gainesville, FL – 32653 – [www.gatorballtraining.com](http://www.gatorballtraining.com) – 352-379-2999

## Fall Tryout Information

### Day 1:

When - Saturday, August 14

Where - Gatorball baseball Academy

Time - Ages: 9-10, 9:00am-11:00am

Ages: 11-12, 11:30am-1:30pm

Ages: 13-14, 2:00pm-4:00pm

### Day 2:

When: Sunday, August 15

Where: Diamond Sports Park

Time: All Ages, 1:00pm – 4:00pm

\*Please fill out the attached registration form & deliver or mail to Gatorball Baseball Academy  
**6750 NW 16<sup>th</sup> Street, Suite A. – Gainesville, FL 32653**

**Tryout Registration:** July 26 – Aug 12, Fee: \$35

**Late Registration:** Aug 13 – 14, Fee: \$45

### Coaching Staff:

**Stephen Barton** – Owner, Hitting and Travel Team Director

**David Banes** – Hitting Instructor, Practice Coordinator

**Jeff Corsaletti** – Hitting/Outfield Instructor, Travel Team Coach

**Tom Tompkins** – Instructor, BP Throwing Machine

**Hampton Tignor** – Catching Instructor, Travel Team Coach

**Steffan Sequi** – Instructor, Travel Team Coach

Make checks payable to: Gatorball

Mail or Deliver to: 6750 NW 16<sup>th</sup> Street, Suite A, Gainesville, FL 32653

# GATORBALL

## BASEBALL ACADEMY

6750 NW 16<sup>th</sup> Street - Gainesville, FL - 32653 - [www.gatorballtraining.com](http://www.gatorballtraining.com) - 352-379-2999

### 2010 Fall Registration Form

#### Personal Information:

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Player Cell: \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

**Baseball Information:** Age Group - \_\_\_10U\_\_\_12U\_\_\_13U\_\_\_14U

Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_ Bats/Throws: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pants Size: \_\_\_\_\_ Hat Size: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Jersey #: Choice 1: \_\_\_\_\_ Choice 2: \_\_\_\_\_ Choice 3: \_\_\_\_\_ Grad Year: \_\_\_\_\_

High School: \_\_\_\_\_ ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_

#### Assumption of Risk and Release of Claims Statement:

I acknowledge that I have chosen to enroll my child in Gatorball Baseball Academy and that this activity may expose them to risks, known and unknown, or personal injury that could be painful, permanently disfiguring or debilitating and fatal. I recognize and accept the exposure and freely assume these risks and their consequences, which may also include potential for property loss or damage. It is my intention by this instrument to exempt Gatorball Baseball Academy, instructors, or employees from liability for personal injury, property damage, or wrongful death, whether or not caused by negligence occurring to my child arising as a result of engaging in Gatorball Baseball Academy or any activities incidental there to or however the same may occur.

I acknowledge that we currently carry medical insurance. I give my consent for my child to receive emergency medical treatment on the event of injury or illness and agree to be responsible for all costs associated with their transportation and treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to: Gatorball

Mail or Deliver to: 6750 NW 16<sup>th</sup> Street, Suite A, Gainesville, FL 32653