

SPRING TRAVEL TRYOUTS

SPONSORED BY WO PAL



AGES 6-10 AT THE PAL FIELD

MON, NOV. 6: 6-8PM
WED, NOV. 8: 6-8PM
THURS, NOV. 9: 6-8PM
SAT, NOV. 11: 9-10AM

AGES 11-14

MON, NOV. 13 AT WOHS : 6-8PM
WED, NOV. 15 AT WOHS: 6-8PM
THURS, NOV. 16 AT DEGNAN: 6-8PM
SAT, NOV. 18 AT WOHS: 1-2PM

MONDAY NOVEMBER 20 AT WOHS BASEBALL FIELD FROM 6-8PM - ALL AGES

- OPEN TO ALL WEST ORANGE RESIDENTS AGES 7-14 ●
- MUST ATTEND 2 TRYOUTS TO BE CONSIDERED ●

COMPLETE AND BRING WITH YOU TO THE FIRST SESSION

WO PAL CONSENT & WAIVER FORM: SPRING TRAVEL BASEBALL

Child's Name: _____ DOB: ____/____/____

School Child Attends: _____ GRADE: _____

Address: _____

Parent #1: _____ Work/Cell Phone: _____

Best Email: _____

Parent #2: _____ Work/Cell Phone: _____

Best Email: _____

Emergency Contact Name: _____ Best Phone#: _____

Other Spring Commitments: _____

If selected to a Travel Baseball team, I understand there is a serious commitment for both parents and players. PLAYERS ARE EXPECTED TO ATTEND ALL PRACTICES AND GAMES. NO REFUNDS.

I give my permission for my child to participate in the WO PAL program designated above. I verify that the applicant is in good health and able to participate in vigorous activities. I hereby release the West Orange PAL, WO Board of Ed, the Township of WO, their organizations, servants, officers, volunteer affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result in participation in the above designated program. In the event of illness or injury to the applicant, I grant program staff permission to provide emergency medical care. THERE ARE NO REFUNDS ONCE THE SEASON BEGINS.

PARENT/GUARDIAN SIGNATURE: X _____ DATE: ____/____/____