

SUMMER TRAVEL TEAM TRYOUTS

SPONSORED BY WO PAL



AGES 5-10 @PAL 6-8PM

MON 5/7, TUES 5/8, WED 5/9 & THURS 5/10

AGES 11-14 @WOHS 7-9PM

MON 5/14, TUES 5/15, WED 5/16, & THURS 5/17

MAKE UP DATE FOR ALL AGES:

5/19 AT WOHS BASEBALL FIELD 1-3PM

OPEN TO ALL WEST ORANGE
RESIDENTS AGES 5-14

*** PLAYERS MUST ATTEND AT LEAST 2 TRYOUTS ***

COMPLETE AND BRING WITH YOU TO THE FIRST SESSION

WOPAL CONSENT & WAIVER FORM: SUMMER TRAVEL TRYOUTS

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#: _____

Summer Vacation Plans/Other Summer 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: ____/____/____