

Player's Name:		(Age on 05/01/2027 _ : _) Birthday:	
Parent Name:	Email:	Phone:	
Parent Name:	Email:	Phone:	
Street Address:			
City:	State:	Zip:	
School District:	School Attending:	Grade:	

Waiver of Liability to Participate

I hereby request and grant permission to the instructors and officials of the Cincy Legends Baseball Program to provide care to my child in the event of of injury or illness if I am not present during try-outs. Such care may include, but shall not be limited to, first aid treatment, transporting to a medical facility or the summoning of emergency assistance. I the undersigned parent or appointed guardian of the above named child, do hereby agree to indemnify and hold harmless City of Blue Ash, Township of West Chester, City of Hamilton (Ohio), City of Sharonville, City of Loveland, Cincy Legends Baseball Program, and its officials, managers, and assistants from all liability for the above named child's activities of any nature with said association. I acknowledge that participation in this try-out and related activities involves an inherent risk of physical injury, and on behalf of the registrant, hereby assume all such risk and do hereby release and forever discharge Cincy Legends Baseball Program and all agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from this registrant's participation in or involvement with this try-out, including any failure of equipment or

defection or in the premises. **Parent/Guardian Signature:** _____

Player Throws: Right or Left	Player Bats: Right Left Switch
Previous Playing Experience (Leagues and Teams):	
Previous Positions Played:	Preferred Positions:
Is your son flexible with playing position(s): Y or N or looking to play only specific position(s)?	

The Following is to be completed by the LEGENDS Officials during the try-out:

Foot Speed: H-1B _____, _____ H-2B _____

FIELDING						
Infield:	Amer / Nat / Elite					
Mechanics:	1	2	3	4	5	
Range:	1	2	3	4	5	
Hands(Hard to Soft):	1	2	3	4	5	
Arm Strength:	1	2	3	4	5	
Accuracy:	1	2	3	4	5	
Overall:	1	2	3	4	5	
Outfield:	Amer / Nat / Elite					
Mechanics:	1	2	3	4	5	
Range:	1	2	3	4	5	
Arm Strength:	1	2	3	4	5	
Hits Cut-off:	1	2	3	4	5	
Overall:	1	2	3	4	5	

BATTING						
<u>Bunting:</u>	Amer / Nat / Elite					
Mechanics:	1	2	3	4	5	
Placement (on lines):	1	2	3	4	5	
Overall:	1	2	3	4	5	
<u>Hitting:</u>	Amer / Nat / Elite					
Mechanics:	1	2	3	4	5	
Contact:	1	2	3	4	5	
Power:	1	2	3	4	5	
Overall:	1	2	3	4	5	
Type of Hitter?	Amer / Nat / Elite					
Weak, Average, Strong						
Opposite Field, Middle, Pull						
Ground Balls, Line Drives, Fly Balls						

PITCHER & CATCHER						
Pitcher:	Amer / Nat / Elite					
Mechanics:	1	2	3	4	5	
Accuracy:	1	2	3	4	5	
Velocity:	1	2	3	4	5	
Balance:	1	2	3	4	5	
Change Up:	1	2	3	4	5	
Overall:	1	2	3	4	5	
Catcher:	Amer / Nat / Elite					
Mechanics:	1	2	3	4	5	
Arm Strength:	1	2	3	4	5	
Accuracy:	1	2	3	4	5	
Overall:	1	2	3	4	5	
Pop Time:						

COMMENTS / RECOMMENDATIONS / NOTES:
