

2012 El Paso Diablo Diamond Girl Tryout Registration Form

December 1-2, 2011 at Cohen Stadium @ 5:30 - 7:30 pm December 3, 2011 at Speaking Rock Casino @ 9:00 am

Please complete all entries

FULL NAME:				_
HOME ADDRESS:		TANT		
CITY:	STATE:	ZIP:		
HOME PHONE:		CELL PHONE:_		
FAX NUMBER:		1		_
EMAIL ADDRESS:				_
HEIGHT:	WEIGHT:		_ DATE OF BIRTH:	_
COLLEGES IF APPLI	CA <mark>BLE:</mark>		T	
PLEASE LIST DANCE	E <mark>EXPERIENC</mark> E ANI	D YEARS PARTI	CIPATED:	
TEAM/YEARS:	1	~_		
TEAM/YEARS:		-74-		
TEAM/YEARS:				
TEAM/YEARS:				
TEAM/YEARS:				

Medical Release

Participant's Name:			Birth	ndate:/	_/	
Address:	City/State/Zip:					
Father's Name:	Phone Home: ())	_ Work: (_)	_	
Mother's Name:						
In case of eme <mark>rgency, please co</mark> ntact th	e following:					
Name:	Phone Home: ()	3	Work: ()	_	
Allergies:	Other Medical Co	nditions: _			_	
Physician:	Phone Home: ()		_ Work: ()		
Dentist:	Phone Home: ()		_ Work: ()	_	
Medical/Hospital Insurance Company: _		Jun	Phone: (_)		
Policy Holder's Name:	Policy Number:					
the premises or of any equipment used of foreseeable at this time, assume all the fore, such injury, permanent disability or death, and Paso Professional Baseball L.P., the City managers, employees and associated person premises used to conduct the event, all of we to each of the undersigned, his/her heirs of applicant as a result of the applicant's particular which participation, after careful consideral hereby give my consent to have an athletic personnel to provide the applicant/participal responsible for the cost of such assistance at each and all parties herein referred to above including death or damage to property, which such capacity to so act or caused or allege have read the above waiver/release and understanding to the cost of such assistance and the above waiver/release and understanding to the cost of such as a such capacity to so act or caused or allege.	going risk and accept phereby release, discharge of El Paso, its affiliationnel, officers, directorable are hereinafter reference of kin for any accipation in the Programation I hereby authorized trainer, coach and/out with medical assistant of treatment. I, also be as releasee form all less to be caused in whole	ersonal responder, covenant ted organizers, agents, as and all agains and/or be and/or and agree to so agree to so as aid releaste or in part	ponsibility for the training and including the including the ireleasees, just any claim transportation medicine of treatment and ave and hold is, cost, claim see because of the neglibility of the neglibility of the neglibility.	or the damage nify and not to sponsors, the e owners and from any and m by or on be ted to or from a dentistry or a dentistry or denties and nor damage wof any defect is gence of the	es following of sue the E ir coaches of leasers of all liability that of the same authorize. associated financially dindemnify whatsoever or lack of releasee.	
release and sign below vo <mark>luntaril</mark> y.						

_____ Date:__

Signature: