

Wooden Bat Classic
Southwest Florida Spring Fling
April 3-7, 2019

Early registration: postmarked by **March 2, 2019...\$475**
Final registration: postmarked by **March 23, 2019.....\$520**
Please make checks payable to: **Wooden Bat Classic**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ / _____ / _____ Cell Phone: _____

Alternate Phone: _____ E-MAIL: _____

METHOD OF PAYMENT: _____ **Check #** _____ is enclosed (Payable to Wooden Bat Classic)
(Please check one) _____ I prefer to use my **credit card**. Please email a PayPal invoice
note: a \$15 service fee will be added to PayPal invoices

Mail completed registration forms to: Wooden Bat Classic, 10180 Via Colomba Cir, Fort Myers, FL 33966

Please note: Each player is required to wear a **major-league quality uniform** with number and name, when applicable. Batting jerseys are acceptable, but flimsy T-shirt-type "uniforms" are not.

Which uniform(s) will you be wearing? _____ Uniform number _____

Favorite defensive position: P C 1B 2B SS 3B OF **T-Shirt size:** S M L XL XXL XXXL

Secondary defensive position(s): P C 1B 2B SS 3B OF **Golf Shirt size:** S M L XL XXL

CONSENT AGREEMENT AND INJURY WAIVER

In consideration of acceptance to participate in the Southwest Florida Spring Fling Tournament I agree to conduct myself in a manner that will reflect favorably upon my teammates, fellow competitors and spectators, and I agree to abide by the rules of the tournament. I understand that failure to do so may result in my dismissal from the tournament without reimbursement of any fees I may have paid.

I understand that certain risks are inherent in my participation in the game of baseball, and I assume these risks of my own accord and will hold Bob Wagner's Wooden Bat Classic and The Legends of Baseball, its officials and field owners, harmless of any injury or illness I may sustain in the course of traveling to and from the events or while participating in any of the tournament's activities.

I have no knowledge of any physical impairment that would be affected by my participation.

I hereby authorize the organizers to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release them from any liability from injuries or illnesses incurred.

Signature: _____
(I have read this release)

Date: _____

Greg Wagner
Bob Wagner's Wooden Bat Classic
10180 Via Colomba Circle
Fort Myers, FL 33966

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