



Dear Prospect,

These tryouts will help us determine the candidates that will represent the Northeast in the 2013 Area Code Games and East Coast Pro Showcase in August. The Northeast Scouts also select players to participate in the 2013 Yaz Tournament, Summer Rivalry Classic and Fall Pro-Prospect League. It's an honor and a privilege to be considered for one or more of these events. All of these events are conducted and operated by professional scouts that cover the Northeast Area from Maine to Pennsylvania. You can expect a large number of college coaches and professional scouts to be in attendance at all the tryouts, as well as, the events themselves.

**These tryouts are by invitation only!** You must be invited to participate by a professional baseball scout that represents one of the 30 affiliated teams in the MLB. The MLB Scouting Bureau will also be eligible to invite players. All other registrations will be rejected! ***Any player trying to register online or tries to walk-in to the tryouts without proper invitation will be turned away with no exceptions!*** Please look at your final exam schedules, as well as, any SAT/ACT or PSAT exams prior to registering for a tryout.

**The 2013 tryout schedule is as follows:**

**Tryout 1: June 9, 2013 @ Bob DeFelice Field , Bentley College in Waltham, MA**

Address: 175 Forest Street, Waltham, MA 02452

Registration: 8:00 – 8:30 AM, Tryout runs 9:00 AM – 2:00PM

**Tryout 2: June 10, 2013 @ Richmond County Stadium, Staten Island Yankees in Staten Island, NY**

Address: 75 Richmond Terrace, Staten Island, NY 10301

Registration: 8:00 – 8:30 AM, Tryout runs 9:00 AM – 2:00PM

**Tryout 3: June 11, 2013 @ Richmond County Stadium, Staten Island Yankees in Staten Island, NY**

Address: 75 Richmond Terrace, Staten Island, NY 10301

Registration: 8:00 – 8:30 AM, Tryout runs 9:00 AM – 2:00PM

**Tryout 4: June 12, 2013 @ Coca-Cola Park, Allentown, PA**

Address: 1050 IronPigs Way, Allentown, PA 18109

Registration: 8:00 – 8:30 AM, Tryout runs 9:00 AM – 2:00PM

**Call Backs: June 18, 2013 @ Dr. Arthur and Martha Pappas Field at Franklin Pierce University, Rindge, NH**

Address: 40 University Drive, Rindge, New Hampshire 03461

Please be there by 8:00 AM, Workout runs from 9:00 AM – 2:00 PM

We will ask players from the 4 tryouts to return for a call back session at Franklin Pierce University.

In order to be efficient during our check-in process, we ask you to be prepared with the following completed items:

1. East Coast Pro (Phillies) Waiver & Release Form (Print & Complete)
2. Area Code (Yankees) Waiver & Release Form (Print & Complete)

The waivers may require to be notarized by a licensed notary. Please make sure you take the time to complete those forms properly.

Please bring all your own baseball equipment: (spikes, sneakers, baseball pants, belt, baseball hat, jock and cup, WOOD BATS ONLY, glove & catchers gear). Please do not show up with cut off sleeves and shorts on. Please bring your own drinks and snacks if needed to the ball park. Please make sure you take care of your own equipment while at the Ball Park. We are not responsible for any equipment that goes missing. However, if someone is caught taking someone's equipment, they will not only be ejected from the premises and immediately disqualified from making any of the teams but maybe subject to criminal charges.

***Good Luck during the tryouts and we will see you all very soon. Sincerely –Northeast Scouting Staff***

**WAIVER AND RELEASE**  
*ALL PARTICIPANTS MUST EXECUTE THE FOLLOWING  
WAIVER AND RELEASE OF LIABILITY AND NAME AND LIKENESS RELEASE*

**Name and Likeness Release**

*Initials* In consideration for me being permitted to participate in a try out for the New York Yankees Area Code Team (the "Try Out") on June 9, 2013 at Bentley University in Waltham, MA; June 10, 2013 at Richmond County Ballpark in Staten Island, NY; June 11, 2013 at Richmond County Ballpark in Staten Island, NY; June 12, 2013 at Coca Cola Park in Allentown, PA or June 18, 2013 at Franklin Pierce University. I hereby grant permission to the New York Yankees Partnership, its affiliated or subsidiary companies, their successors and assigns (the "Yankees") to utilize my name, voice and likeness (including but not limited to a videotape of my appearance at the Try Out) in any and all manner and media throughout the universe in perpetuity. I hereby waive any right that I may have to inspect or approve any finished product or any advertising copy that may be used in connection therewith or the use to which it is applied. I hereby warrant that I have the right to make this release and that my granting this release and the rights conveyed thereby will not infringe the rights of any third party. I hereby assign all right, title and interest I may have in any and all media in which any or all of my appearance, name, voice or likeness have been captured in connection with the Try Out to the Yankees, along with full rights of assignability.

**Physical Condition**

*Initials* I am physically fit to participate in the Try Out and have not been advised otherwise by a medical practitioner.

**Equipment and Facilities Inspection**

*initials* I agree that before I participate in the Try Out, I will inspect the related facilities and equipment. I will immediately advise the supervisor of the Try Out of any unsafe condition that I observe. I will refuse to participate in the Try Out until all unsafe conditions observed by me have been remedied.

**Assumption of Risk**

*initials* I understand that I, and each participant in the Try Out, will be engaging in activities that may involve the risk of serious personal injury, illness, permanent disability, dismemberment and death, and that also involve the risk of severe economic and property loss and damage. I understand that these risks may result from the actions, negligence and failure to act of myself and others (including but not limited to other participants in the Try Out) and from the rules of play, the challenges of the Try Out and the condition of any property, facilities or equipment used. I also understand that there may be risks involved which are not known to me or to the Yankees and may not be foreseen or reasonably foreseeable by any of us at this time or at the time of the activities in which I may participate. I assume all of the foregoing risks including the risk of any negligence by other participants or by the Yankees and its owners, partners, directors, officers, employees or agents, and the risk of injury caused by the condition of any property, facilities or equipment used during the Try Out, and accept personal responsibility for any injury (including, but not limited to, personal injury, disability, dismemberment and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I or my property may suffer arising out of or in connection with the Try Out or my participation therein or attendance thereat.

**Liability Release and Indemnity Agreement**

*Initials* I hereby release and forever discharge and agree to save and hold harmless the Yankees, the City of New York and each of their respective parents and affiliated and subsidiary companies, officials, owners, partners, directors, officers, employees and agents, and the other participants in the Try Out (each such entity or individual being referred to as a "Released Party") of and from any and all injuries (including personal injury, disability, dismemberment, and death), illness losses, damages, claims, liabilities or expenses of any kind or nature (and whether accruing to me, my heirs or my personal representatives) that are caused or alleged to be caused in whole or in part by the action, negligence, failure to act or condition of the property, facilities or equipment of any Released Party and that arise out of or in connection with the Try Out or my participation therein or attendance thereat.

**Medical Treatment**

*initials* In connection with any injury I may sustain or illness or other medical conditions I may experience during my participation in or attendance at the Try Out, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my own behalf. I further authorize the attending medical personnel to execute on my behalf any permission forms, consents or other appropriate documents relating to medical attention and to act on my behalf if I am not able or immediately available to do so.

**Severability of Provisions**

*initials* I agree that the foregoing agreements are intended to be as broad and inclusive as is permitted by law. Any provisions herein found by a court to be void or unenforceable shall not affect the validity or enforceability of any other provisions.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

State of \_\_\_\_\_ )

) ss.:

County of \_\_\_\_\_ )

On this day of \_\_\_\_\_ before me personally came \_\_\_\_\_, who being by me duly sworn, deposed and said that he is authorized to execute the foregoing Waiver and Release; and that he duly executed same.

\_\_\_\_\_  
Notary Public

**IF THE PERSON EXECUTING THE FOREGOING RELEASE IS A MINOR, THE FOLLOWING SECTION MUST BE COMPLETED:**

I represent that I am a parent or guardian of the minor who has signed the above release, and I hereby agree that we both shall

be bound thereby.

Signature: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

State of \_\_\_\_\_ )

) ss.:

County of \_\_\_\_\_ )

On this day of \_\_\_\_\_, before me personally came \_\_\_\_\_, who being by me duly sworn, deposed and said that he/she is: (i) authorized to execute the foregoing Waiver and Release; or (ii) the parent and/or guardian of \_\_\_\_\_; and that he/she duly executed same.

\_\_\_\_\_  
Notary Public

**East Coast Professional Baseball Showcase – Insurance Form**

TEAM PARTICIPANT IS PLAYING FOR: \_\_\_\_\_

PLAYER'S NAME (PRINT) \_\_\_\_\_

PLAYER'S INSURANCE COMPANY \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

ADDRESS OF INSURANCE COMPANY \_\_\_\_\_

EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_

**WILL YOUR PARENTS OR GUARDIAN BE IN ATTENDANCE FOR THE EVENT?**

In consideration of being allowed the use of the Alliance Bank Stadium facilities during participation in the East Coast Professional Baseball Showcase I, \_\_\_\_\_, the undersigned, acknowledge, appreciate and agree that I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, FROM THE USE OF The Alliance Bank Stadium facilities, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and ASSUME FULL RESPONSIBILITY FOR MY USE AND ACTIONS ON OR ABOUT THE PREMISES and will allow for appropriate medical treatment if necessary

The undersigned HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE WASHINGTON NATIONALS, INC., SYRACUSE CHIEFS, INC., THE CITY OF SYRACUSE, THE STADIUM, OFFICES, OTHER FACILITIES IN ALLIANCE BANK STADIUM their officers, officials, agents and/or employees ("The Releasees"), and the E.C.P.S personnel and it's staff, officers, agents, employees, representative, successors and assign WITH RESPECT TO ANY AND ALL INJURY, INCLUDING DEATH, OR LOSS OF DAMAGE TO ANY PROPERTY, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

\_\_\_\_\_  
PLAYER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**DOCTOR'S PERMISSION: THIS WILL CERTIFY THAT THE PLAYER IS PHYSICALLY QUALIFIED TO ATTEND THE EASTERN UNITED STATES BASEBALL SHOWCASE. (A RECENT HIGH SCHOOL PHYSICAL WITH PHYSICIAN'S SIGNATURE IS ALSO ACCEPTABLE).**

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE