

Bob Wagner's

29th Annual Wooden Bat Classic

January 26 – February 1, 2025

Registration: **postmarked by December 14, 2024.....\$485** **Postmarked AFTER 12/14/2024.....\$535**

I'm signing up as a: _____ **free agent** (I need a team) **OR** I'm a **player on this team**: _____

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

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

IMPORTANT - Emergency contact: Name & Number: _____

METHOD OF PAYMENT: _____ **Check #** _____ **is enclosed** (Payable to **Wooden Bat Classic**)
(Please _____ **Zelle: bank transfer to B of Amer account using: 2398988677**
check one) _____ **I prefer to use my credit card.** Please email a **PayPal invoice to me**
note: a \$20 service fee will be added to PayPal invoices

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

Please note: Players are required to wear a **good quality uniform**, please no flimsy "T-shirt" type jerseys

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 Bob Wagner's Wooden Bat Classic 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 Classic. I understand failure to do so may result in my dismissal from the Classic without reimbursement of any fees I may have paid.

I understand certain risks are inherent in my participation in the game of baseball, and I assume these risks of my own accord and will hold the "Wooden Bat Classic", 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 Classic'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 judgment in any emergency requiring medical attention and hereby waive and release them from any liability from injuries or illnesses incurred.

I acknowledge all the information provided by me (i.e. date of birth) on this form is completely accurate. If I am asked by a Wooden Bat Classic official to provide ID in order to verify any information on this form I will gladly and promptly do so upon request.

Signature: _____
(I have read, and I understand this release)

Date: _____

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

Phone: (239) 898-8677
e-mail: woodenbat22@hotmail.com
web site: www.woodenbatclassic.com