

## Baseball—All Star

**SPONSORED BY:**



### Commissioner:

Eddie Lofton, 601-408-6062, eddie.lofton@biloxischools.net

### Dates:

Tryout Dates/Time

Tuesday, June 4, 2024 - Districts 5, 6, 7 and 8

Wednesday, June 5, 2024 - Districts 1, 2, 3 and 4

9 a.m. registration ▪ 10 a.m. tryouts begin

### Site:

District 1 .....Northeast Mississippi Community College

District 2 .....Northwest Mississippi Community College

District 3 .....Coahoma Community College

District 4 .....East Mississippi Community College

District 5 .....Jones College

District 6 .....Hinds County Community College

District 7 .....Copiah-Lincoln Community College

District 8 .....Mississippi Gulf Coast Community College

### Entry Fee:

\$5 per person to try out. Give to coach along with waiver.

\$150 per player that makes the All Star team, to be brought with them to check in for All Star Finals June 10-14, 2024, at Meridian Community College. **You must attend the tryout for your district in order to play in the State Games All Star event at Meridian Community College.** If you are unsure of what District your school is in, call the State Games office at 601.482.0205.

### Deadline:

Register at tryout site at 9:00 a.m. the morning of your District's tryout.

Parents and athletes **MUST** sign the State Games Baseball Waiver to tryout.

### Format/Rules:

MHSAA rules. Two 4-team pool play format.

### Other Information:

Individual Waivers **MUST BE SIGNED** by every athlete and legal guardian. Forms must be turned in at tryout locations.

**2025-2026 Public and Private school graduates only!**

## All Star Finals: June 10-14, 2024

18 players and 2 alternates will make the team from each district. The Finals Tournament will be played at Meridian Community College June 10-14, 2024. Each player must bring \$150 cash, check or money order payable to State Games of Mississippi with them June 10 for check-in at MCC.

# All Star Baseball Tryouts

## Waiver Form

**This form MUST be signed by every athlete and legal guardian.**

In consideration of the Participant being allowed to participate in any way in the State Games of Mississippi athletics/sports programs and related events and activities, the undersigned:

ACKNOWLEDGE AND FULLY UNDERSTAND that the Participant will be engaging in activities that involve risk of serious injury and/or communicable disease, including permanent disability and death, and severe social and economic losses which might result not only from his or her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.  
(Includes COVID-19.)

ASSUME all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death.

RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE State Games of Mississippi, Inc. sponsor of the State Games of Mississippi, the National and State Governing Sports bodies, City and County Governments of Lauderdale County, their respective administrators, officers, directors, agents, representatives, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, sponsors, advertiser, and if applicable, owners and lessors of premises used to conduct the event, all of that which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise, to the fullest extent permitted by law.

CONSENT to permit and authorize officials of the State Games of Mississippi to seek emergency medical treatment in the event of accident or injury and consent to permit and authorize those providing medical care to perform medical treatment as deemed necessary.

CONSENT to allow Participants picture and/or voice or likeness to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the State Games of Mississippi without compensation.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed participant name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed parent/guardian name: \_\_\_\_\_