



PA STRIKERS FASTPITCH SOFTBALL

TRYOUT REGISTRATION FROM

SEASON: 20___/20___

PROUDLY REGISTERED WITH THE FOLLOWING ORGANIZATIONS:



ROSTER AGE: _____

TODAY'S DATE: _____

PLAYER'S NAME: _____ BIRTH DATE: _____ CURRENT AGE: _____

ADDRESS: _____

GRADE (for the season registering): _____ SCHOOL DISTRICT: _____

FATHER'S NAME: _____ EMAIL: _____ CELL #: _____

MOTHER'S NAME: _____ EMAIL: _____ CELL #: _____

OTHER GUARDIAN INFORMATION (If applicable): _____

PLAYER EXPERIENCE:

YEARS PLAYING SOFTBALL: _____

LIST ALL TRAVEL TEAMS PLAYED FOR (starting with most recent): _____

LIST ALL POSITIONS PLAYED: _____

BATS: Right Left Slaps

THROWS: Right Left

DO YOU CURRENTLY SEE A COACH FOR: Pitching Hitting Catching Speed/Agility

LIST ALL OTHER ACTIVITIES THAT MAY INTERFERE WITH SOFTBALL: _____

DO YOU PLAN TO PLAY SCHOOL SOFTBALL THIS SEASON? Yes No (If no, explain why not?) _____

ARE YOU AVAILABLE YEAR ROUND TO COMMIT TO A FULL SEASON: Yes No

(If not, explain): _____

MEDICAL DISCLOSURE: Please disclose any medical conditions or medications your player is taking that could potentially affect her ability to participate in rigorous training drills and activities.

LIABILITY WAIVER: I hereby give permission for _____ (player's name) to participate in the PA Striker Fastpitch Softball program. I further waive, release, absolve, indemnify and agree to hold harmless the coaches, PA Strikers' staff, volunteers and other participants from any responsibility for injury or accident before, during or after any league or evaluation activity. It is understood that participation in these workouts, evaluations or practice sessions may result in injury and that protective equipment does not prevent all participants from injury. In case of a medical emergency, the coaching staff has my permission to provide or seek medical treatment at any time.

Print parent/guardian name

Date

Parent/Guardian signature