



Phoenix Warriors Fastpitch Softball

Tryout Registration Form

Season: 2020-2021

Players Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

Grade: \_\_\_\_\_ School District: \_\_\_\_\_  
(for 20-21 season)

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_

**Player Experience**

Years Playing Softball: \_\_\_\_\_ Bats: **R L Both** Throws: **R L Both**

Travel Teams Played for: \_\_\_\_\_

Currently see a coach for: Pitching Hitting Catching Speed/Agility

Activities that might interfere with softball: \_\_\_\_\_

Do you plan to play school softball this season? Yes No (If no, explain why not)  
\_\_\_\_\_

Are you available to commit to a full season? Yes No (if no, explain why not)  
\_\_\_\_\_

**MEDICAL DISCLOSURE:** Please disclose any medical condition(s) or medication(s) 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 my child to participate in the Phoenix Warriors Fastpitch Softball program. I further waive, release, absolve, indemnify and agree to hold harmless the coaches, Phoenix Warrior 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 medical emergency, the coaching staff has my permission to provide or seek medical treatment at any time.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Print parent/guardian name

\_\_\_\_\_  
Date