



Tryout Registration Form

Season: 2019/2020

Age Group: _____ Today's Date: _____

Player' Name: _____		Birth Date: _____		Current Age: _____	
Address: _____					
Grade (for the season registering): _____			School District: _____		
Father's Name: _____			Mother's Name: _____		
Email: _____			Email: _____		
Cell#: _____			Cell #: _____		
Other Guardian Information (if applicable): _____					

Player's Experience

# Years Playing Softball: _____	Bats: Right/Left/Both	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:
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 Phoenix Warrior 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 a medical emergency, the coaching staff has my permission to provide or seek medical treatment at any time.

Print Parent/Guardian Name: _____

Signature: _____

Date: _____