

INVASION FASTPITCH

Player Name: _____ Player Date of Birth ____/____/____

Player Age _____ School attending: _____ Grade: _____

Age Group: ___ 10 & under ___ 12 & under ___ 14 & under ___ 16 & under ___ 18 & under

Parent/Guardian Information

Parent/Guardian 1	Parent/Guardian 1
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Players Throws: *Right Left* **Players Hits:** *Right Left Switch* **Special Skills:** _____

Positions Played/Years' experience:

Pitcher/yrs. Exp. ____
 Catcher/yrs. Exp. ____
 1st base/yrs Exp. ____
 2nd base/yrs Exp. ____
 3rd base/yrs. Exp. ____
 Shortstop/yrs. Exp. ____
 Outfield: Left Field / Center Field / Right Field /yrs. Exp. ____

Position Preference: 1st _____ 2nd _____ 3rd _____

List travel softball experience: _____

Pitching Coach: _____ **Hitting Coach:** _____

Any other sports or school interests:

MEDICAL DISCLOSURE: - Please disclose any physical or medical conditions or limitation. Also please share any medications or allergies (i.e., peanut, bee, etc...) that the registrant has that could impact their ability to participate in rigorous drills, activities or impact playing softball. _____

Release Statement

We, the parent(s)/guardian(s) give approval for the registration to participate in all tryout activities. We assume all risks and hazards incidental to the conduct of the activities and recognize the possibility of injury to the registrant. NOTE: Completion of this form and participation in tryouts does not guarantee the registration a position on the team. Player selection is a competitive process and invitations to join the team will be made based upon player skill performance, as evaluated by the coaching staff. This form is only for the use of the coaching staff.

_____ (Date)
 _____ (Parent/Legal Guardian Signature)
 _____ Print Parent Name