

PLAYER TRYOUT REGISTRATION FORM

Please write legibly and fill out completely

Player First Name	Last	ast DOB	
Physical Address (No P.O. boxes)		City	Zip
Prior Softball Experience (Club or Le	ague):		
Positions Played:			
Parent/Guardian Name	Pa	arent/Guardian Name	
Phone Number #1 ()	H/C/W	Phone Number #2 ()	H/C/W
Primary Email	A	lternate Email	
Medical Conditions/Allergies/Medic	ations:		
PLEASE DISCLOSE ANY AND	ALL CONDITIONS THAT T	THE SANDLOT COACHING STAF	F NEEDS TO BE AWARE OF
Emergency Contact: Relationship to Player:			
MARICOPA SANDLOT team or MARICOPA SA a formal agreement between club and playe	NDLOT team to player based on ir. We understand this is an asse hild's participation is deemed at for any injury arising from any a	essment of my child's skill, ability and our own risk and thusly agree to hold activity related to the tryout. lot Club to use pictures of my daughte	s player registration form does not create attitude. I the Maricopa Sandlot Club along with
I, as parent/guardian of the above-named pactivities. I understand that participation in hereby waive, absolve, indemnify and agree other persons transporting the player to and other cause, except to the extent and in the	softball may result in serious inj to hold harmless the Maricopa I from activities for any claim ari	juries and protective equipment cannot Sandlot Club, its Board, volunteers, or ising out of an injury to my/our child v	ot prevent all injuries to players, and do rganizers, sponsors, participants, and

Parent/Guardian Signature: _____ Date: _____