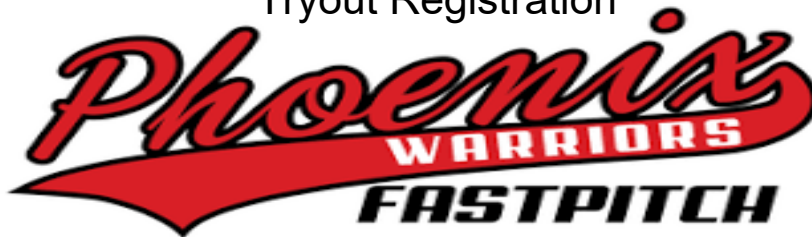


Phoenix Warriors Fastpitch

Tryout Registration



Player Name: _____

DOB: _____ Age: _____ Eligibility Age: U8 U10 U12 U14 U16 U18

Address: _____

Grade: _____ School District: _____

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 seeing a coach for: Pitching Hitting Catching Speed/Agility

Activities that might interfere with softball: _____

Do you plan to play High School softball this season? Yes No (please explain)

Are you available to commit to a full season? Yes No (please explain)

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 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.

Parent/Guardian Signature

Print Parent/Guardian Name

Date