



TRYOUT # \_\_\_\_\_

LEVEL \_\_\_\_\_

### MIDWEST ELITE ANGELS FASTPITCH PLAYER INFORMATION

*(Please print legibly)*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*(Last) (First) (Month/Day/Year)*

Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age on December 31, 2019: \_\_\_\_\_ Level: 10U \_\_\_\_\_ 12U \_\_\_\_\_ 14U \_\_\_\_\_ 16U \_\_\_\_\_

Positions Played: C \_\_\_\_\_ P \_\_\_\_\_ 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_ SS \_\_\_\_\_ LF \_\_\_\_\_ CF \_\_\_\_\_ RF \_\_\_\_\_

Preferred Position(s) \_\_\_\_\_

Years Playing Softball \_\_\_\_\_ Years Pitching \_\_\_\_\_ Years Catching \_\_\_\_\_

Throws: R \_\_\_\_\_ L \_\_\_\_\_ Bats: R \_\_\_\_\_ L \_\_\_\_\_

Softball Experience/Previous Teams Played For: \_\_\_\_\_

Other Sports Played and Time Commitment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

**Emergency Contacts:**

Contact #1: \_\_\_\_\_ Relation to Athlete: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relation to Athlete: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Information:**

Insurance Carrier: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician #: \_\_\_\_\_

Please list any **Medical Conditions** we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Please list any **Medications** being taken: \_\_\_\_\_

\_\_\_\_\_

Please list any known **Allergies**: \_\_\_\_\_

\_\_\_\_\_

**WAIVER AND RELEASE OF ALL LIABILITY**

I do hereby give my consent for \_\_\_\_\_ (*Player name*) to actively participate in with Midwest Elite Angels Fastpitch. I realize that participation in any sporting activity may potentially result in injury to the participant. On behalf of my daughter, I knowingly assume the risk of injuries. Further, I expressly waive any legal or equitable remedies that may accrue to the participant, the participant's family or me as a result of participation in the Midwest Elite Angels for the 2019-2020 fastpitch season. It is my intention that this waiver be read as broadly as possible such that Midwest Elite, its coaches and volunteers must have no liability of any sort or nature as a result of participation. I authorize a member of the Midwest Elite Angels staff to administer minor treatment as necessary. It is understood that in case of an emergency, every effort will be made to contact me at the numbers listed on this form. If, during the course of my daughter's activities in softball, she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(*Parent/Guardian*)

Print Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

I do not authorize emergency medical/dental care for my daughter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(*Parent/Guardian*)

**PHOTO RELEASE**

Please be advised that all participants involved with Midwest Elite Angels Fastpitch are subject to being photographed. Such photographs may be used by the Midwest Angels Fastpitch in publications such as newspapers, programs or on the team's website and without obligation to provide compensation to those photographed. By signing below, I give my permission to release Midwest Angels Fastpitch from any liability resulting from or connected with the publication of such. This permission covers all written, video and electronic publishing medium.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(*Parent/Guardian*)