



Player Name: _____ Cell Phone: (____) _____

Address: _____ City: _____ Zip: _____

Current School: _____ Current Grade: _____

Date of Birth: _____ Age today: _____ Graduation year: _____

Parent / Guardian Name: _____

Mobile: (____) _____ Email: _____

Parent / Guardian Name: _____

Mobile: (____) _____ Email: _____

Please list which team athlete is trying out for:

1. _____ 2. _____ 3. _____

Primary Position: _____ Secondary Position: _____

TRYOUT WAIVER AND RELEASE OF LIABILITY

By signing this, as the parent or legal guardian, I give permission for my daughter to participate in the tryout offered by the Arizona Storm Fastpitch Organization and understand that some of these activities are designed to increase the workload on the musculoskeletal system and cardiovascular system and thereby improve the function. There exists the possibility of certain changes or risks occurring during any physical activity. They include muscle soreness, fatigue, abnormal blood pressure, fainting, irregular heart rhythm and in rare instances, heart attack, stroke or death. While these changes in addition to injury are rare, they are possible and cannot be predicted with complete accuracy. As the parent, it is my responsibility to provide any medical information which may affect my daughter's full participation in the tryout and report any adverse reactions or injury resulting from participation. A physical completed in the last year does not provide any reason why my daughter should not participate in tryout activities. If an emergency should occur, I give the Arizona Storm representatives permission to seek medical attention and provide care. I have read and understand the above and release the Arizona Storm Fastpitch Organization from any liability incurred through its tryout.

Signature of Parent/Guardian _____ Date _____