

# ENFORCERS TRYOUT REGISTRATION



10U| 12U| 14U

2025-2026 Season

**Age as of 8-31-2025 will determine eligibility**

**Age Division:** \_\_\_\_\_

**Player Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

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

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

**Primary Position trying out for:** #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

**Bats:** Right Left Switch Slap

**Throws:** Right Left

**Please List Any Pitching/Hitting coaches that you have worked with:**

\_\_\_\_\_

**Please list any previous travel/rec team:**

\_\_\_\_\_

My daughter has permission to participate in the Ephrata Enforcers softball tryouts. I understand that injuries may occur and will not hold the Ephrata Enforcers Administration, Coaches, field owners or their representatives responsible for injuries, damages or losses that my child may incur during softball tryouts.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_