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# \_\_\_\_\_

Team or Coach Preference

\_\_\_\_\_

### Tryout Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST., Zip: \_\_\_\_\_

Players Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Email: \_\_\_\_\_

Parent/Guardian Names: (circle who you live with)

Father: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Years playing softball: \_\_\_\_\_

Summer Team: \_\_\_\_\_ Age division \_\_\_\_\_

School: \_\_\_\_\_ Grade (fall): \_\_\_\_\_

Positions you have played in High School: P C 1st 2nd 3rd SS Rt Ctr Lft

Positions you have played on summer team: P C 1st 2nd 3rd SS Rt Ctr Lft

2 positions you play MOST OFTEN: P C 1st 2nd 3rd SS Rt Ctr Lft

2-3 positions you would LIKE to play: P C 1st 2nd 3rd SS Rt Ctr Lft

Do you require (circle): glasses, contacts, hearing aids, ankle brace, knee brace.

Other? \_\_\_\_\_ Do you have this with you? yes no

Do you have any health problems or ever had a serious injury (requiring medical attention)?

Do you play any other High School sports? Y/N \_\_\_\_\_

Do you play any other club sports? Y/N \_\_\_\_\_

Are you committed to any other outside activities or organizations? yes no

If yes, what. \_\_\_\_\_

Do you have a job? yes no Where? \_\_\_\_\_ Hrs/wk: \_\_\_\_\_

Do you like to practice? Yes Usually No

Do you want to play college softball? Yes Maybe No

Do you like a competitive atmosphere? Yes Usually No

Can you take constructive criticism? Yes Usually No

#### Waiver of Liability

I/we the undersigned, hereby give my/our permission for the child noted above to participate in the tryouts sponsored by Echoes. It is understood that participation in this tryout may result in injury and protective equipment does not prevent all injuries to participants. I do hereby waive, release, absolve, indemnify, and agree to hold harmless Echoes, volunteers and participants.

Signature(s): \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_