



Date: _____ Age group: 9U 10U 12U 14U 16U 18U Player # _____

If there is a specific team you are trying out for please List Coaches Name: _____

Players Name: _____

Parents or Guardians Names: _____

Address: Street: _____

City, State, and Zip: _____

Telephone number: (____) _____ Cell Phone (____) _____

Email Address: _____

High School: _____ Grade: _____ Date of Birth: _____

Years of fastpitch experience: _____

Previous Travel Team(s) _____

Bats: R or L / Throws: R or L Positions played: P C 1B 2B 3B SS LF CF RF

Other Sports Played : _____

Hitting/pitching coach or other professional instruction: _____

Are you trying out as a pitcher? _____ Are you trying out as a catcher? _____

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of the permission and privilege allowed the child to participate in the Fastpitch Softball program, the undersigned, on behalf of himself, the child, and any other parent release, discharge and/or otherwise specifically agree to indemnify, save and hold harmless the Fastpitch Softball team members, coaches, agents, employees and all other participants in the softball program, from any and all losses, claims, actions or proceedings of every kind and character which may be presented or initiated to recover money, property or damages for any injuries to the player or for any other damage to the undersigned, suffered during the conduct of the above-described softball program.

In accepting the permission and privilege to participate, and has received a concussion and head injury information sheet created by the Ohio Department of Health.

The undersigned understand that this Agreement extends to and applies to any personal injuries, injurious results, damages, losses or consortium claims which the undersigned may experience or suffer while the player engages in the sports programs, games or practices. The undersigned agrees not to file suit or initiate any claim procedure in respect to any personal injuries, property damages, consortium claims or losses which they may experience or sustain, arising directly or indirectly out of activities involved in the program, games, activities, or emergency medical care arranged by the Fastpitch Softball program or its agents.

The undersigned, on behalf of themselves and their minor, freely assume all risks, hazards and losses which may befall them in connection with their participation in the softball program, related activities and transportation
My child is and must be covered by their own medical insurance.

Parent or Guardians Signature _____ Date: _____