Player Try-Out Registration

Player's Name: _____

Try-Out Number

Current Age: _____ Birth Date: _____

Try-Out Age Group: ☐ 10U ☐ 12U ☐ 14U ☐ 16U ☐ 18U

Phone Number: _____ E-Mail Address: _____

Parent's Names: _____

Address:

Street _____

City _____

Zip Code _____

Softball Experience (years) Recreational Ball ☐ Travel Team ☐

If you played travel team softball what team did you play for?

_____

_____

_____

Playing Experience?		Primary Position	Secondary Position	Perferred Position
Pitcher	☐	☐	☐	☐
Catcher	☐	☐	☐	☐
1st Baseman	☐	☐	☐	☐
2nd Baseman	☐	☐	☐	☐
3rd Baseman	☐	☐	☐	☐
Shortstop	☐	☐	☐	☐
Left Field	☐	☐	☐	☐
Center Field	☐	☐	☐	☐
Right Field	☐	☐	☐	☐

Typical Batting Line-Up Position? ☐ Last Seasons Batting Average? ☐

Do you take batting lessons? Yes ☐ No ☐

Batting Instructor's Name: _____

What other activities do you participate in during the year?

- ☐ HS or AAU Basketball
- ☐ HS or Travel Volleyball
- ☐ HS or Travel Soccer
- ☐ Dance
- ☐ Gymnastics
- ☐ Cheerleading
- ☐ Skiing or Snow Boarding
- ☐ Musical lessons
- ☐ Other: _____

Try-out comments: