



Grant Dawgs Tryout Registration Form

Date: _____

Player Name: _____

Tryout Number: _____

Age Group (Check One) 12U 14U

Parent/Guardian Information

Father: _____ Cell Phone: _____ Email: _____

Mother: _____ Cell Phone: _____ Email: _____

Player Information

Date of Birth _____ School _____ Grade _____

Throws: R L Bats: R L Both

Positions Played: P C 1B 2B SS 3B CF LF RF

Position Preference: #1 _____ #2 _____ #3 _____

Did you play last year: Y N Team: _____ How Long: _____

What positions did you play: _____

Offensive Skills: Bunt Drag Bunt Slap

Pitching: (check all that apply) Change up Curve Drop Rise Fast Ball

Please list all activities (school, clubs, and other sports) in which you are involved.

Will any of these activities conflict with softball? If yes, when and what will be your priority?

Health Restrictions? YES NO If yes please explain below:

I/We, the parents of the above named candidate for a position on the Grant Dawgs Softball team give my/our approval to her participation in this tryout. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Grant Dawgs organizers, sponsors, supervisors, participants and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child whether a result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Signature(s): _____ Relationship _____ Date _____

