

PLAYER TRYOUT FORM

Date: _____ **Number** _____

Trying out for (Circle team) 10U 12U 14U 16U 18U Date of birth _____/_____/_____

Name: _____ Address _____

Home phone: _____ Town/Zip _____

Height: _____ Weight: _____

BELOW - PRINT YOUR EMAIL ADDRESS CAREFULLY. THIS IS HOW WE WILL CONTACT YOU AFTER TRYOUTS

Email: _____

Other sports played: _____

Other activities: _____

Circle the grade you are in now: 3rd 4th 5th 6th 7th 8th Freshman Sophomore Junior Senior

Academic achievements/awards: _____

How did you hear about the Raiders? _____

Why do you want to play for the Raiders? _____

Softball Information

How many years have you played softball? School ball _____ Rec ball _____ Summer league _____

Positions played: _____

Bats right _____ left _____ Throws right _____ left _____ Do you slap? Circle one: Yes No

Summer Ball Information

Team Name: _____ Team Name: _____

Coach's Name: _____ Coach's Name: _____

Years played for this team _____ Years played for this team _____

Parent/Guardian Information

Mother's Name: _____ Phone No. _____

Father's Name: _____ Phone No. _____

I live with: _____ Special Medical Issues: _____

Additional Information: _____