

MTZYBS Girls Softball Tryouts 2020-2021 Season

Player Information:

Name: _____

Tryout Age group (circle only 1): 08U 10U 12U 14U 16U 18U

Age (on 12/31/20): _____ DOB: _____

School _____ Grade in School (going into Aug 2019): _____

Player Experience, Position(s) (1-3, with 1 being most experienced):

P	C	1B	2B	3B	SS	LF	CF	RF

Bats: Rt. / Lt. Throws: Rt. / Lt.

Year's Played Travel softball: _____

Name of previous travel team(s) & Coach(s):

Contact Information:

Parents/Guardian/Player: _____

Home Phone: _____ Mobile: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Health Restrictions: _____

Please list any other activities your child may be participating in that may conflict with travel softball next summer (February – August 2021): _____

Waiver of Liability

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

Signature: _____ Relationship to player: _____ Date: _____