



**ALL-AMERICAN
FASTPITCH SOFTBALL
COMPETITIVE TRYOUT FORM
2017-2018 Season**

Player Name _____

Age as of 12-31-17

Address _____

Date of Birth _____

City _____

State _____

Zip _____

Home Phone _____ Mobile _____

E-mail _____

Mom's name _____ Mom's phone _____

E-mail _____

Dad's name _____ Dad's phone _____

E-mail _____

I certify that my daughter is in good health and can participate in all tryout activities. In the case of medical emergency I authorize the Tryout Directors to seek treatment. I am responsible for all medical expenses. I understand and assume the hazards and risks associated with this activity and waive all claims of any liability against All-American Fastpitch Softball Club, its Directors, its governing body, the City of Colorado Springs, the Town of Monument, Air Academy School District 20 and Lewis Palmer School District 38.

Signature of Parent or Legal Guardian _____

Date _____

Please circle

BAT : L R Sw

THROW : L R

GPA: _____

Circle the age group (s)
you wish to try out for;

10 12 14 16 18

Coach's name _____

PITCHERS

List your pitches in order of effectiveness:

1 _____
2 _____
3 _____
4 _____
5 _____

Do you have a pitching coach ? _____

Name of pitching coach _____

2017 Club Team & Level _____

2016-17 School & Grade Level _____

Did you play softball Y N
for your school?

Level? _____

List the positions you play

1 _____
2 _____
3 _____
4 _____