



2019-2020 Tryout Registration

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Phone: _____

Additional Phone: _____

Grade in School 2019-2020 School Year: _____

School Attending: _____

Age as of 1/1/2020: _____

Circle Age Group Trying Out: 10U 12U 14U 16U 18U

Does the player have any medical conditions we should know about? Please list:

List previous softball team last year and coach's name: _____

Years playing travel softball: _____

Years playing inhouse softball: _____

Primary Field Position: _____

Secondary Field Position: _____

List if you have Pitching or Catching Coach and Name of Coach: _____

Parent (s) Name (First and Last): _____

Please list any other sports or hobbies player is involved with: _____

Does a parent want to be considered for a coaching position?: _____

Email Address: _____

Street Address 1: _____

City: _____

Postal Code: _____

Do you live in Warren Township? _____

By signing below I wish that my daughter attend and participate in the Warren Wave fastpitch softball tryouts and understand that softball is a fast paced sport and I hereby release and or waive any and all liability toward WTGS & Warren Wave:

Signature: _____