

SJ Gator Registration Form

Tryout Information: Age Group: _____ Tryout Date/Time Attending: _____

Player Name _____ (please print) T-Shirt Size _____

Age (as of Jan. 1, 2020) _____ Date of Birth ____/____/____ (MM/DD/YY)

School Grade Level _____ Bats: Right / Left Throws: Right / Left

Home Address _____ City/ST/Zip _____ Home Phone _____

Mother's Name: _____ Mom cell _____ email _____

Father's Name: _____ Dad cell _____ email _____

Player Positions

Primary: _____ Secondary: _____ Third/Other: _____

Player Softball Experience

Recent Season Team: _____ Position: _____ Coach: _____ Year: _____

Past Season Team: _____ Position: _____ Coach: _____ Year: _____

Past Season Team: _____ Position: _____ Coach: _____ Year: _____

Does your daughter play any other sports? _____

Parent participation with the team and/or organization:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Interested in Fundraising | <input type="checkbox"/> Communications | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Assistant Coaching | <input type="checkbox"/> Field Prep | <input type="checkbox"/> Other |
| <input type="checkbox"/> Scorekeeper | <input type="checkbox"/> Travel Plans | |
| | <input type="checkbox"/> Team Mom/Dad | |

Injuries are inherent to sports, and therefore, in the event of injury I hereby release the South Jersey Gators organization and its representatives from all liability. I also understand that medical insurance is my responsibility, and that any insurance the South Jersey Gators may carry will be secondary. Additionally, if I am not present for a team related activity, I hereby give my permission for any medical attention necessary to my child in the event of accident, injury, sickness etc., under the direction of the representative of the South Jersey Gators organization until such time as I may be contacted and available.

Parent signature of consent: _____ Date: _____
