

**USA Softball of Nevada  
TRYOUT QUESTIONNAIRE**

Player's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently registered with another USA Softball "A", "B" or "C" softball team? Yes No

If yes, which team? \_\_\_\_\_

What is the name of the last USA Softball League/Team & Season you played for them?

\_\_\_\_\_  
League/Team Name Season

Do you have a release from that Team? Yes No

Do you have a zero balance statement from the current month? Yes No

The current USA Softball of Nevada Contracts prohibit any "A" player or parent from contacting, trying out, practicing or playing for any team without a release from their previous "A" team or a current \$0.00 balance statement. A "B" or "C" player may not participate with an "A" team until their League Season has ended and they have received a release from the League.

To my knowledge I am eligible to tryout for the

\_\_\_\_\_ today.

Team Name

Player Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMERGENCY, MEDICAL RELEASE I/We, the parent/guardian give permission for any emergency treatment necessary either on the practice field or on the game field, I/We authorize any hospital and/or physician to perform emergency treatment from any injuries resulting from any scheduled function including the supervised travel to and from said function.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND CONSENT I/We the parent/guardian of the above named minor child, hereby give my/our consent and approval for my child to participate as a member of USA Softball of Nevada-Las Vegas. I/We understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of softball as well as in traveling and other related activities incidental to my child's participation and I/We am willing to assume these risks on behalf of my child and do hereby waive, release, discharge USA Softball of Nevada -Las Vegas. These risks include but are not limited to those hazards associated with weather conditions, travel, playing conditions, equipment and other participants. I/We hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities that would restrict full participation in these activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This tryout form is good for 14 calendar days, starting the date signed. Player is not allowed to tryout until this form is signed and dated. Player may only tryout once, per team, in a 12 month period.***