



www.rivercityvenom.com

TRYOUT REGISTRATION FORM

Player Information

Name _____ Birthdate including YEAR _____
School District _____ Grade ('24-'25 school year) _____

Position Preferences #1 _____
#2 _____

If/when necessary, are you willing to play positions other than those listed above? YES NO

Throws: RIGHT LEFT

Bats: RIGHT LEFT SWITCH

Have you played for another tournament/travel team in the past? YES NO

If so, which one(s)? _____

Years of travel experience _____

Have you/do you play on a recreation/school team? YES NO

If so, which one? _____

Please list other school activities and/or sports that you are involved in:

Do you anticipate any of these conflicting with softball? If so, what time of year?

Please list any health conditions that the coaches should be aware of: (such as asthma, allergies to bee stings, heart conditions, etc)

Parent Information

Mother's/Guardian Name _____

Address _____

Cell Phone Number _____

Email Address _____

Father's/Guardian Name _____

Address _____

Cell Phone Number _____

Email Address _____

Please carefully read the following, and sign below:

****As the parent/legal guardian of _____, I believe my daughter to be in good health and able to participate in a high level of athletic competition. I verify that she has no physical disabilities, impairments, or other medical conditions that will inhibit her participation in the sport of softball. Should my daughter become sick or injured in any way, including but not limited to becoming exposed to or infected by COVID-19 during the course of and/or as a result of tryouts for River City Venom, I hereby release and discharge River City Venom, its directors, officers, trustees, advisors, staff, volunteers, agents, sponsors, successors, licensee and assigns, including the owners and lessors/lessees of the premises used to conduct the activities of River City Venom ("Releasees"), from any and all injury, loss or damage to person or property incident to or arising from daughter's participation in tryouts for River City Venom, whether arising in whole or in part from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I also knowingly and freely assume all risks, both known and unknown, arising from my daughter's participation in River City Venom tryouts, even if arising in whole or in part from the negligence of the Releasees or others, and assume full responsibility for my daughter's participation.**

****I represent and warrant, on my behalf and on behalf of my daughter that (i) I do not believe that we have been exposed to the COVID-19 virus within the past fourteen (14) days, (ii) we have not been diagnosed with the COVID-19 virus within the past fourteen (14) days and (iii) we have not experienced any symptoms related to the COVID-19 virus within the past fourteen (14) days. I agree to notify River City Venom immediately if any of the foregoing representations and warrants become incorrect.**

****I understand that participation in tryouts does not guarantee a position with the River City Venom softball team for the 2024-2025 tournament season. No implied guarantee of a position has been made to me or my daughter.**

****I agree that for my daughter to participate in tryouts, I will provide the following:**
Completed and signed Tryout Registration Form
Required gear/equipment, spikes and tennis shoes

Please arrive 15-20 minutes early to register and warm up.

Signature of parent/legal guardian _____

Date _____