

SWAT Fastpitch

Registration Form

Date: _____

Player Name: _____ Tryout Number: _____

Age Group (circle one) 10u 12u 13u 14u 15u 16u 18u

Parent / Guardian Information	
<u>Father / Guardian</u>	<u>Mother / Guardian</u>
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Player Information			
Date of Birth: _____	School: _____	Grade: _____	Email Address: _____
Throws: ___ Right ___ Left	Bats: ___ Right ___ Left	___ Switch	
Circle Positions Played / indicate years of experience			
Pitcher/Exp. ___	Catcher/Exp. ___	1 st Base/Exp. ___	2 nd Base/ Exp. ___ 3 rd Base/ Exp. ___
Short Stop/Exp. ___	Outfield/Exp. ___		
Position Preference: 1 st _____	2 nd _____	3 rd _____	
Please list past team playing experience (year, level, team name, coach, reason for leaving): _____			

Waiver of Liability

I the undersigned, hereby give my permission for the child listed above as "Player" to participate in the pre-season workouts and tryouts sponsored by SCC SWAT Fastpitch. It is understood that participation in these workouts and tryouts may result in injury and that protective equipment does not prevent all injuries to participants. I do hereby waive, release, absolve, indemnify and agree to hold harmless the team, coaches, volunteers, and participants.

Signature: _____ Relationship: _____ Date: _____