

# Strikkers

## Fastpitch Softball

### Try-Out Application & Parental Release

Name	_____	Assigned Try-out#	_____
Address	_____	Home Phone #	_____
Email Address	_____	Cell Phone #	_____
School	_____	Birthdate	_____
		Graduation Year	_____ GPA _____

Parents' Names	_____	Lives with	Mom	Dad	Both
Mom's Email	_____	Mom's Cell	_____		
Dad's Email	_____	Dad's Cell	_____		

Previous Teams Played for:	Total # of years Played <input type="text"/>	Top 3 College Choices
_____		_____
_____		_____
_____		_____

Height _____	Weight _____	Throws _____	Bats _____
Sac Bunt Y / N	Push Bunt Y / N	Drag Bunt Y / N	Slap Y / N
SLIDING	Head First Y / N	Feet First Y / N	Hook Y / N
COMPETITIVE? **Win at all cost Y / N	Likes to Win Y / N	Winning is okay Y / N	

(\*The younger teams emphasize skills and knowledge over winning at all costs)

**Legally Binding Medical Release:**

This is to certify that I, parent or guardian of \_\_\_\_\_, a player trying out for or a member of the Strikkers Fastpitch Softball team ("the Team") hereby grant permission to the adult Manager, any Coach, Team Physician and Business Manager of the Team, to obtain medical care from any licensed physician, hospital, or medical clinic, for the player named herein, as such times as either parent or legal guardian cannot be contacted in person or by telephone/cell phone. This authorization shall include all Team activities, including the period required to travel to and from those activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless and legally release the Team, the organizers, supervisors, participants, and persons from any liability or claim arising out of an injury to such player named herein while participating in club activities, which includes transporting the player to & from such Team activities.

Parent/Guardian Signature _____	Relationship to player _____	Date _____
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