



Chatham Elite Fast Pitch Softball



TRYOUT INFORMATION SHEET

PLAYERS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ BIRTHDATE: _____

PARENT E-MAIL: _____

MOTHER'S FULL NAME: _____

MOTHER'S CELL #: _____ OTHER #: _____

FATHER'S FULL NAME _____

FATHER'S CELL #: _____ OTHER #: _____

PLAYER INFORMATION

PRIMARY POSITION TRYING OUT FOR: _____

POSITIONS PLAYED? ___ P ___ C ___ 1B ___ 2B ___ 3B ___ SS ___ OF (___ LF ___ CF ___ RF)

OTHER POSITION PREFERENCES: #1 _____ #2 _____ #3 _____

THROWS: ___ RIGHT ___ LEFT

IF PITCHER: ___ FAST ___ CHANGE ___ CURVE ___ SCREW ___ RISE ___ DROP

OTHER PITCHES: _____

BATS: ___ RIGHT ___ LEFT ___ BOTH ___ BUNT ___ DRAG ___ SLAP

HAVE YOU EVER PLAYED TOURNAMENT SOFTBALL BEFORE? ___ YES ___ NO

PLEASE LIST TEAMS & COACHES NAMES: _____

OTHER SPORTS & ACTIVITIES? _____

<p>I / We the undersigned, hereby give my/our permission for the child noted above as "Player" to participate in the tryouts noted above sponsored by the Chatham Elite Organization. It is understood that participation in this tryout may result in injury and protective equipment does not prevent all injuries in participation. I do hereby waive, release, absolve, indemnity and agree to hold harmless the Chatham Elite Organization, volunteers and participants.</p>		
Signature(s):	Relationship:	Date: / /