

# TRYOUT REGISTRATION

Spearfish Softball Club - Fall Season

Number \_\_\_\_\_

## CONTACT INFORMATION

Player Name:		Phone:		Cell:	
Address:		City:		State:	
Zip:		Age:		DOB:	
Email:	(please PRINT neatly)				
Guardian Name 1:		Phone:		Relationship:	
Guardian Name 2:		Phone:		Relationship:	

## PLAYER INFORMATION

Entering which grade this fall?	7th	8th	9th	10th	11th	12th
Years of Softball Experience:						
Last Team Played On:						
If high school, which team were you on:	Varsity	JV	Freshman	N/A		
Positions played this past year:	P	C	1B	2B	3B	SS OF
Medical Conditions:						
Any additional Info:						

## MEDICAL AUTHORIZATION

I hereby release the Spearfish Softball Club from any and all claims and liability of any kind of personal injury or property damage due to participation in this program. I certify that my child is in good health and able to participate in all activities. For any attention required for illness or injury, I give permission to a Spearfish Softball Club staff member for such care. I have read and understand the above.

Parent/Guardian Signature:	
Date:	