

West End Waves Fastpitch Softball

2024 / 2025 Tryout Form

Date: _____ Player Date of Birth _____ Player Age _____

Player Name: _____ Tryout Number: _____

Age Group: ___ 14 & under ___ 16 & under ___ 18 & under

Parent Information

Parent 1	Parent 2
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Player Information

School: _____ Grade: _____ Email: _____

Positions Played/Years experience

Pitcher/yrs. Exp. _____ Catcher/yrs. Exp. _____ 1st base/yrs exp. _____ 2nd base/yrs exp. _____

3rd base/yrs. Exp. _____ Shortstop/yrs. Exp _____ Outfield/yrs. Exp. _____

Position Preference: 1st _____ 2nd _____ 3rd _____

Have you ever played travel softball before? Yes No If Yes, where _____

Any other activities that may conflict with travel softball? Yes No

If Yes, explain _____

MEDICAL DISCLOSURE: - Please disclose any medical conditions or medications your daughter is taking which could potentially affect her ability to participate in the rigorous drills and activities.

Waiver of Liability

I hereby give permission for _____ (player's name) to participate in the West End Waves Fastpitch Softball program. I further waive, release, absolve, indemnify and agree to hold harmless the coaches, Waves staff, volunteers and participants from any responsibility for injury or accident before, during or after any league or evaluation activity. 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. In case of a medical emergency, coaching staff has my permission to obtain treatment at _____ hospital, if possible.

(Parent/Legal Guardian Signature)

(Date)