

Diamond Dusters

Player Information Sheet for Team Tryout Personal Information

Last Name _____ First Name _____

Date of Birth _____ Age on January 1, 2012 _____

Address _____

Parents Name(s) _____

Home Telephone _____ Parent Name and Work Number _____

E-mail _____ Parent Name and Cell No. _____

Asthma? Yes No Glasses/Contacts Yes No Any Medical Condition that limits playing ability? Yes No

If yes please state: _____

Playing Experience

Name of last team played on _____ Age Group _____ Years Experience _____

Previous Coaches Name _____ Last Years Batting average _____

Position Preference #1 _____ #2 _____ #3 _____

Where did you bat in last years line up? 1st 2nd 3rd 4th 5th 6th 7th 8th 9th

Throws R L Bats R L Slaps R L Drag Bunts Yes No

Do you feel comfortable sliding Yes No I understand playing time is not guaranteed! Yes Circle

Informed/Implied Consent

You and your daughter have voluntarily chosen to participate in a select level tryout for the Diamond Duster Organization. Competitive sports, especially Fastpitch Softball, can be dangerous. Accidents can happen and the risk of serious injury, including paralysis and/or death, does exist. Your signature recognizes this risk, indicates that your have been advised of the danger and that you accept and all risk of property damage, personal injury and wrongful death. You understand that any equipment provided for your protection may be inadequate in preventing serious injury.

I have read this form and hereby grant permission for my daughter to participate with the Duster Players and coaches.

Parent/Guardian signature _____ Date _____

Player signature _____ Date _____

ASSIGNED TRYOUT NUMBER: _____