



2013 - 2014



Black Widows Fastpitch Softball Tryouts

Player Name (Print): _____
Birth Date: ____/____/____ Grade: _____ School: _____
Parent Name: _____ Phone (____) ____-____
Parent Name: _____ Phone (____) ____-____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

*** Warning, Participation in a competitive sport such as softball CAN result in severe injury or death ***

I authorize the above named player to participate in tryouts for this team. I further authorize any emergency medical treatment by authorized personnel including hospital treatment for the player named in the event of any injury or sudden illness.

Emergency Phone: (____) ____-____
Person: _____
Relationship: _____
Allergies/Medicine: _____
Physician: _____
Physician Phone #: (____) ____-____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Softball Information:

Current/Previous Select or School teams: _____

Current/Previous Recreational Teams: _____

Other Sports/Activities you participate in: _____

Positions Played: ☐ Pitcher ☐ Catcher ☐ 1st ☐ 2nd ☐ SS ☐ 3rd ☐ Outfield

If a Pitcher, name of Pitching Coach: _____

Throws: ☐ Right ☐ Left **Bats:** ☐ Right ☐ Left

Seeking a team for what seasons: ☐ All ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Would you make all Black Widows softball practices and tournaments? ☐ Yes ☐ No
If you might miss some softball practices or tournaments, please list any conflicts below:

