PITTSBURGH PASSION FASTPITCH SOFTBALL

TRYOUT INFORMATION FORM

Players Name: _____ Date of Birth _____

Parents Names: _____

Home Address: _____

Parents E-Mail: _____

Players E-Mail: _____

Players Primary Position: _____ Secondary Position _____

Bats: Right Left Switch Throws: Right Left

Have you played for another fastpitch "A" tournament team in the past? Yes No

If yes, who did you play for? _____

If you played school ball this past spring, what school district are you in? _____

What grade will you be in this fall? 5 6 7 8 9 10 11 12

How did you here about Passion Softball? Web Passion Player Passion Coach Other

The following are my daughter's health conditions which all coaches need to be aware of: examples are asthma, allergies, bee stings, etc.

_____

As legal guardian of _____, I believe my daughter to be in good health sufficient to participate in a high level of athletic competition. Should my daughter become injured (internally or externally) in the course of trying out for the Pittsburgh Passion Softball organization, I hereby waive any claim against the Passion organization, its officers, managers, volunteers or sponsors.

Signature of Parent or Legal Guardian _____ Date _____