

Banshee's Fastpitch Softball

Banshee's Travel Softball Registration Form

Tryout Number: _____

Player Information – (Use back of form if more space is needed)

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Player's Birthday: (mm/dd/yy) _____ / _____ / _____ School Attending: _____ Grade: _____

Father: _____ Mother: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Other Phone: (_____) _____ Other Phone: (_____) _____

Email: _____ Email 2: _____

Softball Experience - Travel, Select, Rec.:
(please list organization(s)/location/position/age level/coach) _____

Softball Experience - School, Other:
(please list school - organization/position/Varsity or JV) _____

Have you played any other travel sports?
(Please list and indicate current/future involvement) _____

What other sports or school interests do you have? _____

Do you have any physical or medical limitations? (Please explain) _____

Player Throws: <input type="checkbox"/> Left <input type="checkbox"/> Right	Player Hits: <input type="checkbox"/> Left <input type="checkbox"/> Right	Positions Desired (Pick 2)		Other Positions Played (Check all that apply)	
		<input type="checkbox"/> Pitcher	<input type="checkbox"/> Short Stop	<input type="checkbox"/> Pitcher	<input type="checkbox"/> Short Stop
		<input type="checkbox"/> Catcher	<input type="checkbox"/> Left Field	<input type="checkbox"/> Catcher	<input type="checkbox"/> Left Field
Special Skills: _____		<input type="checkbox"/> 1 st Base	<input type="checkbox"/> Center Field	<input type="checkbox"/> 1 st Base	<input type="checkbox"/> Center Field
		<input type="checkbox"/> 2 nd Base	<input type="checkbox"/> Right Field	<input type="checkbox"/> 2 nd Base	<input type="checkbox"/> Right Field
		<input type="checkbox"/> 3 rd Base		<input type="checkbox"/> 3 rd Base	

Volunteer Function	Name of Volunteer	Volunteer Function	Name of Volunteer
<input type="checkbox"/> Practice Assistant	_____	<input type="checkbox"/> Score Keeper/Stats	_____
<input type="checkbox"/> Business Manager	_____	<input type="checkbox"/> Travel Coordinator	_____
<input type="checkbox"/> Field Set-up	_____	<input type="checkbox"/> Pictures/Publicity	_____
<input type="checkbox"/> First Aid	_____	<input type="checkbox"/> Uniform Coordinator	_____
<input type="checkbox"/> Fund Raising	_____	<input type="checkbox"/> Website Manager	_____

RELEASE STATEMENT

We, the parent(s)/guardian(s) of the registrant, agree that the registrant and we will abide by the rules and the Code of Conduct of the Banshee's Fastpitch Softball Travel Softball Team. We give our approval for the registrant's participation in all tryout activities. We assume all risks and hazards incidental to the conduct of the activities and recognize the possibility of injury to the registrant.

NOTE: Completion of this form and participation in tryouts does not guarantee the registrant a position on the team. Player selection is a competitive process and invitation to join the Banshee's Travel Softball Team will be made based upon player skill performance, as evaluated by the coaching staff. This form is only for the use of the Banshee's Travel Softball coaching staff. If parents/guardians wish to add any other data, please use the back of the form. ALSO, it is important to mention that the Banshee's Fastpitch Softball organization is a highly competitive program and growing rapidly. We do require the full cooperation and support of all players and parents. We stress positive outlook and aim to create a positive attitude with all of our teams.

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature