THE STING
FASTPITCH SOFTBALL
2011 COMPETITIVE TRYOUT FORM

Player Name _____ **Age of 12-31-10** _____

Address _____ **Date of Birth** _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell** _____ **E-mail** _____

Mom's name _____ **Cell** _____ **E-mail** _____

Dad's name _____ **Cell** _____ **E-mail** _____

Paid – (Circle one) Check/ Cash **Player's shirt size** _____ **pant size** _____
Commitment fee $_____

My daughter has permission to participate in all tryout activities. In the case of medical emergency, I authorize the Tryout Directors to seek treatment. I understand and except I am responsible for all medical expenses in the event of injury or illness. I understand and assume the hazards and risks associated with this activity and waive all claims of any liability against The Sting Girls Diamond Sports Club, Directors, and its governing body.

_____

Signature of Parent or Legal Guardian ***Date***

Please circle:

BAT: L R Sw

THROW: L R

_____
2010 Club Team & Level

Did you play softball **Y N**
for your school?
Level?? _____

Circle the age group (s) you wish to try out for:
12u 14u
16u 18u

_____
Coach's name

List the positions you play
1. _____
2. _____
3. _____

PITCHERS
List your pitches in order

1. _____
2. _____
3. _____
4. _____

_____
Name of pitching coach