

Diamond Fever Softball, Inc.

Tryouts 8U-12U

Date _____

Player's Name _____ Date of Birth _____

Player's Email _____ Player's Cell# _____

Parents' Names: Mother _____ Mother's Cell# _____

Address _____ Mother's Email _____

_____ Father's Email _____

Father _____ Father's Cell# _____

Address if different _____

Emergency Contact _____ Phone # _____ Relationship _____

Team Selection

*If you do not wish to be considered for an age group, please indicate the age group you do **NOT** wish to join by circling all that apply: 8U 10U 12U*

Once chosen for a team, players may not ask to be reassigned to a different age group. Coaches may allow a player to be borrowed as a "guest" or "pick-up player" if needed and available. Initials _____

Liability Release

The undersigned agrees and does hereby release from all liability and hold harmless Diamond Fever Softball, Inc., and any of its members representing or related to Diamond Fever Softball, Inc.

This liability release is for any and all liability for personal injuries including death, property loss, or damage in connection with any activity or accommodation of Diamond Fever Softball, Inc.

The undersigned does hereby further agree to abide by all the rules and regulations that are presented by Diamond Fever Softball, Inc.

Player's Signature

Date

Parent's Signature

Date

Age as of December 31, 2018 _____

Current/Preferred Jersey Number _____

High School You will be Attending _____ Graduation Class _____

Position(s) Played _____ Bats _____ Throws _____

Travel Team/Teams Played For: _____