

AFTERSHOCK Softball Team

Player/Parent Information and Contact Form

Player Name: _____ Assigned #_ _ Team _____

Player DOB: _____ # Seasons of softball: _____ # Seasons Travel ball: _____

List primary position: _____ secondary position: _____

Position player would like to play _____

Parent Name: _____ Home # _____ Parent Cell # _____

Is text message okay? Y/N Parent Email Address _____

If you are offered a roster spot today (check one) ☐ I will accept ☐ I will need to think about it

Last 3 teams I played for 1) _____ 2) _____ 3) _____

I certify that my daughter is in good health and can participate in all tryout activities. In the case of medical

emergency I authorize the Coaches to seek treatment. I understand I am responsible for all medical expenses. I understand and assume the hazards and risks associated with this activity and waive all claims of any liability against this Competitive Softball Team and its governing body, and this facility.

On this date as signed below, intending to be legally bound hereby, the undersigned agrees and does hereby release

from liability and to indemnify and hold harmless this team, and any of its employees or agents representing or related

to the softball tryouts. This release is for any and all liability for personal injuries (including death) and property losses

or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further

agrees to abide by all the rules and regulations promulgated by this Competitive Softball Team and/or its affiliate

groups and vendors throughout the tryout whether in written form or provided verbally during the tryout.

_____ Player Name (please print)

_____ Parent Name (please print)

_____ Signature of Parent Date _____