



Eagles Fastpitch USA

PO BOX 328 Eagle Point, OR 97524 541-326-5886 EaglesFastpitchOregon.com

PLAYER TRYOUT INFORMATION

Player Name and Birthdate: _____

Player's Mailing Address: _____

Parent/Guardian's First & Last Name: _____

Parent Email: _____

Player Cell: _____ Parent Cell # for Emergencies: _____

PLAYER INFORMATION

Positions Played/ Years Experience

__ Pitcher/yrs. Exp. __ __ Catcher/yrs. Exp. __ __ 1st Base/ yrs. Exp. __ __ 2nd Base/ yrs. Exp. __

__ 3rd Base/yrs. Exp. __ __ Shortstop/yrs. Exp. __ __ Outfield/yrs. Exp. __

Position Preference: 1st _____ 2nd _____ 3rd _____

Have you ever played travel softball before? Yes No If yes, where _____

Any other activities that may conflict with travel softball? Yes No

If yes, explain _____

MEDICAL DISCLOSURE: Please disclose any medical conditions or medications your daughter is taking which could potentially affect her ability to participate in the rigorous drills and activities.

WAIVER OF LIABILITY

I hereby give permission for _____ (girl's name) to participate in the Eagles Fastpitch USA Softball Program. I further waive, release, absolve, indemnify and agree to hold harmless the coaches, Eagles staff, volunteers and participants from any responsibility for any injury or accident before, during, or after any league or evaluation activity. It is understood that participation in these workouts and tryouts may result in injury and that protective equipment does not prevent all injuries to participants. In case of a medical emergency, coaching staff has my permission to obtain treatment at _____ hospital, if possible.

(Parent/Legal Guardian Signature)

(Date)