



Tryout Form

*All players must complete the tryout form prior to participating in tryouts

PLAYER INFORMATION

Name: _____ Grade: _____

Address: _____ School: _____

City/State, Zip: _____ Birthdate: _____

Positions played

Specialty Positions	Infield	Outfield
<input type="checkbox"/> Pitcher	<input type="checkbox"/> 1 st base	<input type="checkbox"/> Right Field
<input type="checkbox"/> Catcher	<input type="checkbox"/> 2 nd base	<input type="checkbox"/> Center Field
	<input type="checkbox"/> Shortstop	<input type="checkbox"/> Left Field
	<input type="checkbox"/> 3 rd base	

*Seasons of prior travel ball, all star, or select ball experience: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____

Address (leave blank if same as player): _____

City/State: _____ Zip: _____

Best Contact Phone Number: _____

Email address: _____

Father/Guardian Name: _____

Address (leave blank if same as player): _____

City/State: _____ Zip: _____

Best Contact Phone Number: _____

Email address: _____

EMERGENCY CONTACT INFORMATION - IF GUARDIAN IS UNAVAILABLE

Name: _____ Relationship: _____

Contact Phone Number: _____

Name: _____ Relationship: _____

Contact Phone Number: _____

MEDICAL INFORMATION

Name of Physician: _____

Contact Number: _____

Medical Concerns/Allergies _____

Parents/Guardian Signature: _____ Date: _____

Disclaimer - By signing this tryout form, I recognize that there is inherent risk associated with softball activities and assume full responsibility for personal injury for the dependent(s) participating in tryout activities for the West End Wolverines, managed by Ralph B. Saunders III.