

# Diamond Dusters

## Player Information Sheet for Team Tryout Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on January 1, 2032 \_\_\_\_\_

Address \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Parent Name and Work Number \_\_\_\_\_

E-mail \_\_\_\_\_ Parent Name and Cell No. \_\_\_\_\_

Asthma? Yes No Glasses/Contacts Yes No Any Medical Condition that limits playing ability? Yes No

If yes please state: \_\_\_\_\_

## Playing Experience

Name of last team played on \_\_\_\_\_ Age Group \_\_\_\_\_ Years Experience \_\_\_\_\_

Previous Coaches Name \_\_\_\_\_ Last Years Batting average \_\_\_\_\_

Position Preference #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Where did you bat in last years line up? 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup>

Throws R L Bats R L Slaps R L Drag Bunts Yes No

Do you feel comfortable sliding Yes No I understand playing time is not guaranteed! Yes Circle

### Informed/Implied Consent

You and your daughter have voluntarily chosen to participate in a select level tryout for the Diamond Duster Organization. Competitive sports, especially Fastpitch Softball, can be dangerous. Accidents can happen and the risk of serious injury, including paralysis and/or death, does exist. Your signature recognizes this risk, indicates that your have been advised of the danger and that you accept and all risk of property damage, personal injury and wrongful death. You understand that any equipment provided for your protection may be inadequate in preventing serious injury.

I have read this form and hereby grant permission for my daughter to participate with the Duster Players and coaches.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Player signature \_\_\_\_\_ Date \_\_\_\_\_

ASSIGNED TRYOUT NUMBER: \_\_\_\_\_