



Heart of Ohio

TRYOUT REGISTRATION FORM

Date: _____ Tryout No: _____ Age/Team: _____

Player's Name: _____ Nickname: _____

Parent/ Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Telephone #: _____ Cell #: _____

Player's Info:

Date of Birth: _____ Age as of 1/1/11: _____

School: _____ Grade as of 9/10: _____

Previous Fastpitch Teams & Primary Position(s):

2010 _____

2009 _____

2008 _____

Bats: R or L Throws: R or L Pitches: R or L or N/A

If trying out as a pitcher, name of pitching coach: _____

Other Sports Played: _____

Waiver, Release and Hold Harmless Agreement

In consideration of the permission/privilege allowed the player to participate in the Heart of Ohio Fastpitch program, the undersigned, on behalf of herself/himself, the player, and any other parent release, discharge and/or otherwise specifically agree to indemnify/save/hold harmless the Heart of Ohio Fastpitch softball team members/coaches/agents, and all other participants in the softball program, from any/all losses/claims/actions or proceedings of every kind/character which may be presented or initiated to recover money/property/damages for any injuries to the player or for other damage to the undersigned, suffered during the conduct of the above-described softball program. This agreement is binding upon our administrators, executors, heirs and assigns. My child is, and must be covered, by her own medical insurance.

Date: _____ Signature: _____

FOR TEAM USE ONLY:

EVALUATION SCORING (1-5)

Hustle/Attitude	Field/Throw	Hit	Bunt/Slap	Speed/Time	P/C