



**ALL-AMERICAN  
FASTPITCH SOFTBALL  
COMPETITIVE TRYOUT FORM**

Player Name \_\_\_\_\_ Age as of 12-31-18

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Mom's name \_\_\_\_\_ phone \_\_\_\_\_ E-mail \_\_\_\_\_

Dad's name \_\_\_\_\_ phone \_\_\_\_\_ E-mail \_\_\_\_\_

*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 Tryout Directors to seek treatment. 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 All-American Fastpitch Softball Club, its Directors, its governing body, and the City of Colorado Springs.*

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Please circle

BAT :     **L**     **R**     Sw

THROW :   **L**     **R**

GPA: \_\_\_\_\_

Circle the age group (s)  
you wish to try out for;

**10 12 14 16 18**

\_\_\_\_\_  
**Coach's name**

**PITCHERS**

List your pitches in order of effectiveness:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

Do you have a pitching coach ? \_\_\_\_\_

\_\_\_\_\_  
Name of pitching coach

\_\_\_\_\_  
*2018 Club Team & Level*

\_\_\_\_\_  
*2018-2019 School & Grade Level*

*Did you play softball*     **Y**     **N**  
*for your school?*

*Level?* \_\_\_\_\_

List the positions you play

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_