USA SOFTBALL OF OREGON

2024 12U ALL AMERICAN TEAM TRYOUTS

Tryout Cost is \$65.00 Cas	h at the door or Venmo	o - @usasoftballoforegon	
Choose One d	ate: April 6 th _	April 7 th	
Email this form to us	asoftballoforegon@gmail	l.com	
Player Information:			
Name:			
Address:			
City, State, Zip:			
Date of Birth:	USA Softball I	_ USA Softball ID #	
Current Team:			
Head Coach:	Contact	Contact number	
Primary Position:	Other Position	ns:	
Bats Throw	/S		
Playing History – Please lis	st team name, Coach, a	and contact number.	
Parents Contact Info:			
Name:			
Cell Phone #:			
Email Address:			
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By filling out this form, I hereby authorize the staff at USA Softball of Oregon - 12 U All American tryouts to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release USA Softball of Oregon and the Oregon City School District from any and all liability from any injuries incurred while at the clinic. I have no knowledge of any physical impairment that would be affected by the above-named child's participation in the clinic.