



**Fall 2018
Player Information**

Age Group ____ TryOut# ____

Player Name: (First) _____ (Last) _____

Age as of December 31, 2018: _____ Date of Birth: _____

Fathers Name: _____ Mothers Name: _____

Address: _____ City _____ Zip Code _____

Cell Phone: (Father) _____ (Mother) _____ (Player) _____

E-Mail Address (Parents): _____

(Player) _____

Player Profile: Current Grade level in School: _____ G.P.A. _____

Throws: R / L Bats: R / L / Switch Slap: Yes / No

Position(s) Trying Out For Today : A. _____ B. _____ C. _____

Softball Experience:

Team: _____ Season Played: _____

Position(s) Played: A. _____ B. _____ C. _____

Team: _____ Season Played: _____

Position(s) Played: A. _____ B. _____ C. _____

Please List Pitches and Speed:

Fast Ball: _____ MPH

Rise: _____ MPH

Curve: _____ MPH

Drop: _____ MPH

Screw: _____ MPH

Change: _____ MPH

Any other pitches please list along with speed: _____

Private Coaching/Lessons:

Hitting Coach: _____ How often: _____

Pitching Coach: _____ How often: _____

RELEASE OF LIABILITY

I acknowledge and understand that the Salinas Girls Fast Pitch Softball Organization (Salinas Storm) and its representatives will not be held responsible for any injuries and the like to the participant mentioned above. The Salinas Girls Fast pitch Organization (Salinas Storm) is not responsible for any stolen, lost, or damaged items during any organization function.

PARENT SIGNATURE: _____ DATE: _____