

# West End Waves Fastpitch Softball

## 2025 / 2026 Tryout Form

Date: \_\_\_\_\_ Player Date of Birth \_\_\_\_\_ Player Age \_\_\_\_\_

Player Name: \_\_\_\_\_ Tryout Number: \_\_\_\_\_

Age Group: \_\_\_ 14 & under \_\_\_ 16 & under \_\_\_ 18 & under

### Parent Information

Parent 1	Parent 2
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

### Player Information

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Email: \_\_\_\_\_

### Positions Played/Years experience

☐ Pitcher/yrs. Exp. \_\_\_\_\_ ☐ Catcher/yrs. Exp. \_\_\_\_\_ ☐ 1<sup>st</sup> base/yrs exp. \_\_\_\_\_ ☐ 2<sup>nd</sup> base/yrs exp. \_\_\_\_\_

☐ 3<sup>rd</sup> base/yrs. Exp. \_\_\_\_\_ ☐ Shortstop/yrs. Exp \_\_\_\_\_ ☐ Outfield/yrs. Exp. \_\_\_\_\_

Position Preference: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**Have you ever played travel softball before?** Yes No If Yes, where \_\_\_\_\_

**Any other activities that may conflict with travel softball?** Yes No

If Yes, explain \_\_\_\_\_

**MEDICAL DISCLOSURE:** - Please disclose any medical conditions or medications your daughter is taking which could potentially affect her ability to participate in the rigorous drills and activities.

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### Waiver of Liability

I hereby give permission for \_\_\_\_\_ (player's name) to participate in the West End Waves Fastpitch Softball program. I further waive, release, absolve, indemnify and agree to hold harmless the coaches, Waves staff, volunteers and participants from any responsibility for injury or accident before, during or after any league or evaluation activity. It is understood that participation in these workouts and tryouts may result in injury, and that protective equipment does not prevent all injuries to participants. In case of a medical emergency, coaching staff has my permission to obtain treatment at \_\_\_\_\_ hospital, if possible.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)