

THUNDER ELITE Tryout Registration Form



Age Division : 10U 11U 12U	13U 14U 16U 18U Ci	rcle One.	
Player Name:	Age on 12/31/2014		
DOB// Addr	ess:		
City:	State:	Zip:	
Phone(cell)	Phone(home)		
Parent/Guardian Names:			
Parents Email:			
School & Grade attending	-		
Name & Coach of 2014 Tr Do you plan on playing Re	avel Team:		
Primary Positions: 1)	2)2)2)2)2)	3)	
Bat R L Switch Throw R L			
List any Pitching Coaches with:	-	-	
List ANY and ALL conflic team from September 2014		ts, etc. that might interfere	with your

2015.___

My daughter has permission to participate in the Thunder Elite softball tryouts. I understand that injuries may occur and I will not hold Thunder Elite Administrators, coaches, field owners or their representatives responsible for injuries, damages, or losses that my child may incur during softball tryouts.

Parent/Guardian Signature