



THUNDER ELITE Tryout Registration Form



Age Division: 10U 11U 12U 13U 14U 16U 18U Circle One.

Player Name: _____ Age on 12/31/2016 _____

DOB ____/____/____ Address: _____

City: _____ State: _____ Zip: _____

Phone(cell) _____ Phone(home) _____

Parent/Guardian Names: _____

Parents Email: _____

School & Grade attending 2016-2017 school year: _____

Name & Coach of 2016 Travel Team: _____

Do you plan on playing Rec Ball in 2016? Y or N

Primary Positions: 1) _____ 2) _____ 3) _____

Bat R L Switch

Throw R L

List any Pitching Coaches or Hitting Coaches that you have worked with: _____

List ANY and ALL conflicts, clubs, activities, sports, etc. that might interfere with your team from September 2016 through August 2017. _____

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

Date