



Tryout Registration Form

Age Division: 8U 10U 11U 12U 13U 14U 16U 18U Circle One.

Player Name: _____ Age on 12/31/2024 _____

DOB ____/____/____ Address: _____

City: _____ State: _____ Zip: _____

Phone(cell) _____ Phone(home) _____

Parent/Guardian Names: _____

Parents Email: _____

School & Grade attending 2024-2025 school year: _____

Name & Coach of 2024 Travel Team: _____

Do you plan on playing Rec Ball in 2025? 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 2024 through July 31st 2025

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