



Tryout Registration Form

Date: _____ Tryout #: _____

Player Name: _____
Cell & Email: _____

Parent/Guardian Information

Father: _____ Mother: _____
Cell: _____ Cell: _____
Email: _____ Email: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____

Player Information

DOB: _____ School: _____ Grad. Yr. _____

Throws: Right Left Bats: Right Left Both
Positions Played: P C 1B 2B 3B SS OF

Position Preference: #1: _____
#2: _____

Offensive Skills: Bunt Drag Bunt Slap

Health Restrictions? YES NO

If yes please explain below:

Waiver of Liability

I/we the undersigned hereby give permission for the child noted above as "Player" to participate in the tryout noted above sponsored by Richmond Ruckus. It is understood that participation in this tryout may result in injury and protective equipment does not prevent all injuries to participants. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Ruckus organization, coaches, volunteers and participants.

Print: _____ Relationship: _____
Signature: _____ Date: _____