

## Fastpitch Softball - Player Information

Players Name	DOB	
Father's Name	Mother's Name	
Home Address	City	Zip
Contact Phone No.	Alt. Contact Phone	
Okay to send text $\Gamma$ Yes $\Gamma$ No Pa	rents Email Address:	
Insurance Name	Policy No.	
Doctor's Name:	Contact No.	
Player Stats, Skills & History  Player Bats (select one)  Preferred Position:	Player throws (select one)	
List prior softball experience and training (years played, teams, clinics, seminars, etc?)		
All information on this form will be sub	ject to verification	
Tryout for the Sidewinder Fastpitch Sotteam. You will be notified following the		secure a roster spot on the
Office Use Only: RECEIVED IN	BY FILE COMF	PLETE