



Player Name:	Parent(s) Name:	
Player Birthday:	School:	Graduate:
Street Address:	City/State/Zip	
Home Phone:	Email address:	
Cell Phone(name and #):	Cell Phone (name and #):	

PLEASE HAVE YOUR DAUGHTER FILL IN THE INFORMATION BELOW

Throws: Right-handed <input type="checkbox"/> Left-handed <input type="checkbox"/>
Swings: Right-handed <input type="checkbox"/> Left-handed <input type="checkbox"/> Both <input type="checkbox"/> Can you Slap Hit? Yes or No
Bunts: Right-handed <input type="checkbox"/> Left-handed <input type="checkbox"/> Both <input type="checkbox"/>
Years of Experience:
Prior Travel or Club Team(s):
Positions played:
Positions Player Can Play (please circle all that apply) : P C 1 st 2 nd 3 rd SS LF CF RF
Seeking Primary Position: (please circle ONE): P C 1 st 2 nd 3 rd SS LF CF RF
Secondary Position(s) (please circle all that apply): P C 1 st 2 nd 3 rd SS OF
Supplemental Coaching Lessons: (please check all that apply and add if not listed)
Pitching <input type="checkbox"/> Hitting <input type="checkbox"/> Fielding <input type="checkbox"/> Strength and Conditioning <input type="checkbox"/> Other <input type="checkbox"/> _____
Who is your daughter's pitching coach? _____ How long _____
Who is your daughter's hitting coach? _____ How long _____
What are your primary strengths or skills as a softball player?
What other club/travel sports do you play? _____ Currently? Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other extracurricular activities? _____ Currently? Yes <input type="checkbox"/> No <input type="checkbox"/>
WAIVER OF LIABILITY: I/We the undersigned, hereby give my/our permission for the child noted above as "Player" to participate in the tryouts sponsored by the North Jersey Vipers. It is understood that participation in this tryout may result in injury. I do hereby waive, release, absolve, indemnify, and agree to hold harmless North Jersey Vipers volunteers, its directors and participants.
Signature: _____ Print Name: _____ Date: _____