

# OHIO STORM TRYOUT REGISTRATION Tryout Number\_\_\_\_\_

CONTACT INFORMATION				
Player Name:			Age:	DOB:
Address:		City:		State: Zip:
Parent:	Cell:	Email:		
Parent:	Cell:	Email		

PLAYER PROFILE		
Age Group (circle)	If trying out for specific coach, please list name:	
9U	School District:	Grade this fall: (Circle) 2 3 4 5 6 7 8 9 10 11 12
10U	If High School, which team were you on: (Circle) Varsity JV Freshman	
11U	Yrs of fastpitch experience:	2016 Season Team:
12U	Previous Teams: (List)	
13U	Positions Played: (Circle) P C 1 2 3 SS LF CF RF	Bats: (Circle) Left Right Slap
14U	Pitching Coach:	
15U	Catching Coach:	
16U	Hitting Coach:	

WAIVER AGREEMENT	
<p>In consideration of the permission and privilege allowed the child to participate in the Ohio Storm Fastpitch program, the undersigned, on behalf of himself, the child, and any other parent release, discharge and/or otherwise specifically agree to indemnify, save and hold harmless the Ohio Storm Fastpitch Softball team members, coaches, agents, volunteers, and any other participants in the program, from any and all losses, claims, actions, or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to the player or for any damages to the undersigned, suffered during the conduct above – described softball program.</p> <p>In accepting the permission and privilege to participate, the undersigned understands that is agreement extends to and applies to any personal injury, injurious results, damages, losses, or consortium claims which the undersigned may experience or suffer while the player engages in the sports program, games, and practices. The undersigned agrees to not file suit or initiate any claim procedure in respect to any personal injuries, property damages, losses, or consortium claims or losses which they may experience or sustain, arising directly or indirectly out of activities involved in the program, games, activities, or emergency medical care arranged by the Ohio Storm Fastpitch program, agents or its volunteers.</p> <p>The undersigned, on behalf of themselves and their minor, freely assume all risks, hazards, and losses which may befall them in connection with their participation in the softball program, related activities, and, transportation. This agreement is binding upon our administrators, executors, heirs and assigns. My child is and must be covered by their own medical insurance.</p>	
Parent / Guardian Signature:	Date: