



TRYOUT REGISTRATION FORM

PLAYER NAME: _____ GRAD YEAR: _____ TRYOUT #: _____

DATE OF BIRTH: _____ AGE TODAY: _____

ADDRESS _____ CITY: _____ ZIP CODE: _____

PLAYER CELL: _____ PLAYER EMAIL: _____

MOTHER NAME: _____ PHONE: _____ EMIAL: _____

FATHER NAME: _____ PHONE: _____ EMIAL: _____

PITCHER: Y N CATCHER: Y N OTHER POSITIONS: _____

THROWS: R L HITS: R L S

YEARS PLAYED: _____ LAST TRAVEL TEAM PLAYED FOR: _____

PARENTAL WAIVER, RELEASE OF LIABILITY & INDEMNIFICATION

Softball is an exciting sport which may involve collisions with other players, the ball, or the ground. The sport is often played in hot, humid weather. Due to conditions, which are part of the game, players are exposed to risk of serious injury. Injuries could include, but are not limited to, broken bones, concussions, paralysis, damages to internal organs and even death. Such injuries can result in short term loss of function and/or long-term impairment of physical abilities. In order to make the game of softball as safe as possible, the coaches of this organization will teach the players the skills and rules of softball. Players must follow instructions, rules and policies to reduce the possibility of injury. Team rules and policies are distributed to players and parents at a preseason meeting.

I/We, the undersigned, have read the warning above and understand that fastpitch softball is a physical sport and that there are risks involved in participation. We understand that there is a possibility that my/our daughter could be injured as a result of her participation.

We understand that the team carries medical team insurance to cover players who are members of the team on an "excess" basis only, and that my/our insurance will be utilized first.

I/we hereby, on behalf of my/our child and for myself/us, my/our child's heirs, executors and administrators do waive, release and forever discharge any and all rights and claims for damages which I/we or my/our child may have or which may hereafter accrue me/us or my/our child against Galaxy of Stars Events/Legacy Elite and respective officers, representatives, successors and coaches for any injury incurred during practice, games, or supervised team travel to and from. By signing where designated below, I/we acknowledge that I/we as parent(s) or guardian(s), has/have received, read, fully understand and agree to all conditions of this waiver.

I/We hereby certify that she is physically fit to take part in the softball program. I/We further authorize the coaches to use his/her best judgement to protect, assist, and seek medical attention for the above named minor in the event of an accident or injury.

RESTRICTIONS: _____ YES _____ NO

EXPLAIN: _____

Parent(s) or Legal Guardian(s)

Date