



Girls fast pitch
Softball
 Teaching more than Softball

Tryout Number: _____
 2018/2019 season

www.velocitysoftball.com
 E-mail: info@velocitysoftball.com

Players Official Tryout & Registration, Release, Information Form

Age Group (check) 10-U 12-U 14-U 16-U 16U 18-U

The player's age group is determined by the player's age as of January 1st of the current playing year.

Players Name: _____ (As listed on Birth Certificate)

Parent / Guardian Information

Name (Parent): _____ Best Contact Phone: _____
 Address: _____ Best Contact email : _____
 City, State, Zip: _____ Pa. Zip _____ Cell Phone (mom): _____
 E-mail address 2: _____ Cell Phone (dad): _____
 E-mail address 3: _____ Cell Phone (player): _____

Players Information

Date of Birth: _____ / _____ / _____ (Copy of Birth certificate required) School: _____

Positions Preferred: P C 1B 2B SS 3B LF CF RF

Playing Experience: Summer Travel Select Tournament Township Travel Recreation School Team

Previous Summer Travel Team(s): _____

Player Jersey Number: Choice # 1st Choice # 2nd Choice # 3rd (Player Tee Shirt Size : _____)

Team Rules - Attendance of Practices and Games

If accepted to a velocity team. Players are expected to participate in any and all activities such as Practices and Scheduled Games of the Velocity Softball Club. It is understood that Velocity failure to attend practices or games without the permission of the Head Coach may result in the amount of playing time.

Waiver of Liability

- The undersigned hereby give permission for the child noted above as "player" to participate in any and all activities of the Velocity Softball Club. It is understood that Velocity is a club for the players., volunteer organization which sponsors the above as a community services, and is not responsible for expenses or damages resulting from injury to participants or spectators which is sustained in conjunction with or incidental to the above Velocity sanctioned activity. Accordingly, the undersigned HEREBY EXPRESSLY AGREE to waive all claims against, and hold exempt from liability, the Velocity, it officers, coaches or any other person affiliated with Velocity association, for injury or injuries sustained by the above referenced child or family member from whatever cause, while attending, participating in, or traveling to or from velocity activities. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify and hold harmless the Velocity Softball Club. Sponsors, and the Supervisors, any or Coaches, assistance coaches and all of them, in case of injury to the named player. I hereby waive.
 - Practices are scheduled as needed, generally Saturday and Sundays. Players who do not attend practice and or tournaments may lose their status as a player on the team. With no refund. If accepted as a member of Velocity all payments are due on or before November 1st. or with in 30 days of accepting a position on a Velocity Team
- Players who make a team Payment is Non refundable** Deposit of \$400. made to Velocity Softball must be made by with in **5 days** of the offer of a position on a Velocity Team FAILURE will result forfeit your position on the team.
- Note: With all Tournaments and indoor expenses are to be used for only Tournaments and indoor.
 Rain or cancelled tournaments will only be replaced when Coaches and players are available based on the refund of tournament payment made.. Budget tournament funds are to be used only for tournaments.
 ALL TRYOUR FORMS ARE TO BE RETURNED TO THE DIRECTOR OF VELOCITY

 Player signature

Date of Offer: _____ / _____ / _____

 Parent or Guardian (If player is under 18 Yrs. old)

 Parent or Guardian (PRINT NAME)