



Girls fast pitch Softball

Teaching more than Softball

www.velocitysoftball.com

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Mailing Address: 304 Garth Rd. Oreland, 19075

Players Official Tryout & Registration, Release and Information Form 2011 / 2012 year

Age Group (check) 12-U 13-U 14-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: _____

Parent / Guardian Information

Name:	_____	Best Contact Phone:	_____
Address:	_____	Cell Phone (dad):	_____
City, State, Zip:	_____ Pa. Zip _____	Cell Phone (mom):	_____
E-mail address 1:	_____	Cell Phone (player):	_____
E-mail address 2:	_____	Day time Phone:	_____
E-mail address 1:	_____	Night time Phone:	_____

Players Information

Date of Birth: _____ / _____ / _____ School: _____

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

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

Playing Experience: Summer Travel Select Tournament Township Travel Recreation

Previous Summer Travel Team(s): _____

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

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 non for profit, 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, its 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 all claims against the Velocity Softball Club., the Officers, Sponsors or any of the Supervisors appointed by them.

I likewise waive to the extent not covered by liability insurance, any claim against any person transporting the named player to or from the activities.

Note: It is understood that Velocity is a non for profit, volunteer organization which sponsors softball as a community services, and does not refund and money paid, and does not refund and money paid by sponsors. Note: Player must make scheduled practices; Practices are scheduled as needed, generally Saturday and Sundays

Player signature

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

Tryout Number: _____