



2019 - 2020
**BARTLETT HAWKS GIRLS
FASTPITCH TRAVEL SOFTBALL**

PLAYER INFORMATION

Circle the team level at which you are trying out

10U 12U 14U 16U 18U

staff use only

TRYOUT #

Player Name: _____ Date of Birth: _____ School _____

Parents/Guardian Names: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Parent Cell Phone(s): _____

Parent E-Mail Address: _____

Travel Softball is a year round program beginning in September and continuing through the end of July. Is there any reason that the player cannot fully participate at all practices, games and tournaments throughout the year? Yes [] No []

If yes, please explain: _____

I understand that playing time is not equal and not guaranteed and is at the coach's discretion. (Parent initial) _____

Player Skills & History

Player Bats (circle one) **R L** Switch Throws (circle one): **R L** # of years in travel softball: _____

Select all positions that you play:

☐ Pitcher ☐ Catcher ☐ Outfield ☐ 1st Base ☐ 2nd Base ☐ Short Stop ☐ 3rd Base

Favored Position(s): 1st Choice: _____ 2nd Choice: _____

List prior softball experience : Prior Teams etc. _____

List all camps/clinics/private pitching lessons /private batting /lessons: _____

Player plays another sport during the softball program period: ☐ Yes ☐ No List Sport(s): _____

Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in Park District program(s) that you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of Park District program(s).

1. I recognize and acknowledge that there are certain risks of physical injury to participants in Park District program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

2. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the Park District and its officers, agents, servants, and employees.

3. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss of which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

4. I further agree to indemnify and defend the Park District and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s).

5. In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Photographs and videos are taken to use for promotional purposes. By registering for a program or utilizing a park district facility or park you have granted us permission to use your image for promotional purposes.

I, the undersigned, have fully read and understand the above waiver and release of all claims

Required Signature of Parent or Guardian _____

Printed Name _____

Date _____