



**2018 - 2019**  
**BARTLETT HAWKS GIRLS**  
**FASTPITCH TRAVEL SOFTBALL**

**PLAYER INFORMATION**

Circle the team level at which you are trying out

11U 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): 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> 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