

		TRYOUT/REGISTRATION FORM		Check appropriate team:	
		<input type="checkbox"/> 10U <input type="checkbox"/> 14U <input type="checkbox"/> 16U	<input type="checkbox"/> 12U <input type="checkbox"/> 15U <input type="checkbox"/> 18U		
PLAYER NAME		DATE OF BIRTH		TRYOUT # (PLEASE LEAVE BLANK)	
HOME ADDRESS		CITY		STATE	ZIP
HOME PHONE	CELL PHONE	PLAYER EMAIL			
SCHOOL	GRADE	POSITIONS PLAYED (PLEASE CIRCLE)			
		P C 1st 2nd 3rd SS LF CF RF			
PLEASE LIST ALL PREVIOUS SELECT SOFTBALL EXPERIENCE: (Team name, level and # of years)					
PLEASE LIST OTHER SELECT SPORTS YOU PLAY					

PARENT NAME	CELL PHONE	EMAIL
PARENT NAME	CELL PHONE	EMAIL

FAMILY DOCTOR	CLINIC	PHONE
MEDICAL CONDITIONS / ALLERGIES		
MEDICATION(S)	DOSAGE	FREQUENCY
MEDICAL INSURANCE	POLICY NUMBER	

RELEASE FORM

To the best of my knowledge, my child is in good health and is adequately immunized to participate in Mill Creek Mayhem FSC activities.

As parents/guardians we recognize that injuries can occur both from playing fastpitch softball and in the travel attendant with it. Therefore, on behalf of both ourselves and our child we hereby waive, release, absolve, indemnify and forever discharge any and all rights and claims for damages which may hereafter arise against Mill Creek Mayhem FSC and its officers, organizers, sponsors, supervisors, coaches, assigns, club officers, agents and representatives for any and all damages which may be sustained and suffered in connection with my child's association with or participation in any and all tryouts, practices, games or tournaments involving Mill Creek Mayhem FSC, or which may arise out of traveling to or returning from such events. I further acknowledge that I will be solely responsible for any medical or hospital fees or costs for my child's medical treatment.

We hereby give our permission for any and all medical attention necessary to be administered to our child in the event of any accident, injury, sickness, etc., under the direction of any manager, coach or Mill Creek Mayhem FSC representative or any successor organization or their assigns, until such time as we may be contacted. Furthermore, we hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat our child named above, for the purpose of attempting to treat or relieve any injuries received by said minor while she was a participant or observer in any game, practice, activity or travel to or from a game, practice or activity of the Mill Creek Mayhem FSC or any successor organization.

PARENT OR GUARDIAN SIGNATURE

DATE