



## Virginia Lady Eagle's Tryouts

<p>VLE USE ONLY</p> <p>TEAM: _____</p> <p>TRYOUT # _____</p>
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Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age as of 1/1/2010: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell-Mom: \_\_\_\_\_ Cell-Dad \_\_\_\_\_

Email Addresses - Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Position(s) played (if more than one list best first): \_\_\_\_\_

I played for the following school fastpitch softball teams:

School	# of Seasons Varsity or JV	School	# of Seasons Varsity or JV

I played for the following fastpitch teams:

Age Group	Team Name	# of Seasons

Why do you want to play for the Virginia Lady Eagles?

\_\_\_\_\_

\_\_\_\_\_

I/We the parents/guardians of the above player know that participation in fastpitch softball may result in serious injuries. I/We know that protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify, the Virginia Lady Eagle's Fastpitch Club, Inc. the organizers, sponsors, supervisors, participants, landlords, property owners and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence of for any other cause except to the extent and in the amount covered by Virginia Lady Eagle's Fastpitch Club, Inc. 's accident or liability insurance.

Parent(s)/Guardian(s) printed name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_