

Birthday

Age Group

Cincy Doom Girls Fastpitch

Tryout Number: _____

Player Name: _____

Parent or Guardian Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Parents Cell Phone: _____

E-Mail: _____

Positions Played: _____

Prior Teams and Years Played: _____

Release Information:

I, _____, agree to not hold liable Cincy Doom Fastpitch or anyone associated with the organization for any injuries sustained to above listed player during tryouts.

Parent or Guardian Signature: _____