SOFTBALL TRYOUT REGISTRATION FORM

Please complete and email a copy to info@tethunder.com

Player Name	
Player DOB	
School	
HS Graduation Year	
Parent Name	
Email	
Cell #	
Email	

Positions	**1.** **2.** **3.**
List Current/Prior Travel Teams	
List Hitting / Fielding / Pitching Coaches	

Medical Disclosure:
Please disclose any medical conditions or medications your daughter is taking which could potentially affect her ability to participate in the rigorous drills and activities.

Waiver of Liability

I hereby give permission for _____ (player name) to participate in the T/E Thunder Softball program. I further waive, release, absolve, indemnify and agree to hold harmless the

coaches, T/E Thunder staff, volunteers and participants from any responsibility for injury or accident before, during or after any team or evaluation activity. It is understood that participation in these workouts and tryouts may result in injury and that protective equipment does not prevent all injuries to participants. In case of medical emergency, the coaching staff has my permission to obtain treatment.

Parent/Legal Guardian Signature: _____Date: _____