



PLAYER INFORMATION

Season: Summer Fall

Age Division: 10U 12U 14U 16U 18U

PLAYER INFORMATION:

Last name: _____

First name: _____

Address: _____

Home phone number: _____

Cell phone number: _____

Date of Birth: ___/___/___

Age as of January 1, 20__ : _____

Height: _____ Weight: _____

ASA Registration #: _____

Playing experience:
 Club Rec School

Position(s) played:
 Pitcher Catcher 1st 2nd 3rd
 Short Center Right Left
 Utility

Previous teams:

Position(s) trying out for:
 Pitcher Catcher 1st 2nd 3rd
 Short Center Right Left
 Utility

Bats: Left Right

Throws: Left Right

School: _____ Grade: _

GPA: _____ SAT: _____

Academic Accolades:

Softball Accolades:

Awards/Achievements:

Graduation year:

PARENT INFORMATION:

PARENT INFORMATION:

Mother's name: _____

Father's name: _____

Address: _____

Address: _____

Home phone number: _____

Home phone number: _____

Cell phone number: _____

Cell phone number: _____

Email: _____

Email: _____

RELEASE OF LIABILITY

I acknowledge and understand that the California SPIN Fastpitch Softball organization and its representatives will not be held responsible for any injuries, damages and the like to the participant mentioned above. The California SPIN Fastpitch Softball organization is not responsible for any stolen, lost or damaged items during any organization function.

PARENT SIGNATURE: _____ DATE: _____