



a team ATHLETIC baseball TRYOUTS

PLAYER'S FIRST NAME: _____ LAST NAME: _____ TRYOUT #: _____

DATE OF BIRTH: _____ AGE: _____ MALE: _____ FEMALE: _____

CURRENT CLUB: _____

NAME OF SCHOOL: _____

PARENTS'/GUARDIAN FULL NAME: _____

ADDRESS: _____

EMAIL ADDRESS (Please print): _____

MOTHER'S CELL PHONE: _____ FATHER'S CELL PHONE: _____

PLAYERS MUST COME PREPARED TO PLAY AT TRYOUTS WITH CLEATS, SHIN GUARDS
WATER BOTTLE, AND PROPERLY INFLATED SOCCER BALLS.

NOTE TO PARENTS: Players who are not selected for travel soccer this season are encouraged to contact **Melisa or Matt at (352)217-3219** for possible placement on one of Fore Ranch recreational teams for the season.

I, THE PARENT GUARDIAN OF THE ABOVE NAMED PLAYER HEREBY DECLARE THAT MY CHILD IS IN GOOD HEALTH AND ABLE TO PARTICIPATE TRYOUT ACTIVITIES. I AM FULLY AWARE OF THE POSSIBILITY OF INJURY ASSOCIATED WITH SOCCER TRYOUTS AND HEREBY RELEASE AND DISCHARGE TOPSEED ATHLETIC CLUB, ITS AFFILIATES, SPONSORS, EMPLOYEES AND COACHES, VOLUNTEERS AS WELL AS FACILITY OWNERS AND GROUNDS KEEPERS FROM ANY LIABILITIES FROM INJURIES ASSOCIATED WITH SAID TRYOUTS.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Coaches notes/recommendations: