



Tryout Registration

Player Name: _____ Date of Birth: _____ Age: _____

Position Preference: 1st _____ 2nd _____ 3rd _____

Prior Experience: (travel/Rec/years played) _____

Adult Information:

	Parent	Parent	Guardian
Full Name			
Address			
City, State, Zip			
Cell Phone			
Other Phone			
Email			

Emergency Contact: (Name, Relation, Phone):

Medical disclosure, please list any medical conditions your daughter may have which could affect her participation in Stockton Mermaids Fastpitch Softball. Include allergies to food or medications, mental conditions, physical conditions or limitations:

Schedule conflicts or other obligations that may conflict with tournaments and/or practices:



Waiver of Liability

I hereby give permission for _____ (child's name) to participate in the Stockton Mermaids Fastpitch Softball Program. I further waive, release, absolve, indemnify, and agree to hold harmless the coaches, staff, volunteers, and participants from any responsibility for illness, injury, or accident before, during, or after any activity including but not limited to games, practices, evaluations, tournaments, and team bonding activities. It is understood that participation in these workouts and tryouts may result in injury and that protective equipment does not prevent all illness or injury to all participants. In case of medical emergency, coaching staff has my permission to obtain medical treatment.

Preferred Hospital: _____

Pediatrician: (Name, Phone Number) _____

Medical Insurance: (Name, Member Id, Group #) _____

Print Name (Legal Parent/Guardian)

Signature (Legal Parent/Guardian)

Date

COVID-19 Waiver/Exposure Agreement

I understand that COVID-19 is a highly contagious disease that may have significant health risk. I understand that participation in youth sports may expose my daughter and family to COVID-19. I will not hold the Stockton Mermaids responsible if my daughter or family is exposed or contracts COVID-19 during participation in any Mermaids activities. I understand that the Stockton Mermaids are taking precautions to protect all players and families from exposure to COVID-19 but cannot guarantee that it will not happen. In addition, I will report any exposure to the team caused by my family to the head coach immediately. Also, if my family has symptoms or exposure I will not participate in any activities until proper quarantine/testing per current CDC guidelines have been met.

Print Name (Legal Parent/Guardian)

Signature (Legal Parent/Guardian)

Date