



2019 / 2020 Elgin Impact Tryout Registration Form



Please fill out all required fields. You can choose to print out this form and bring it to tryouts in person or you can submit the form prior to tryouts. For any questions, please contact us via email: info@elginimpact.com.

Player Information

Player First Name:	<input style="width: 95%;" type="text"/>	Player Last Name:	<input style="width: 95%;" type="text"/>
Date of Birth:	<input style="width: 95%;" type="text"/>	Home Phone:	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%;" type="text"/>		
City:	<input style="width: 95%;" type="text"/>	Zip Code:	<input style="width: 95%;" type="text"/>
Player Email:	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Twitter ID:	<input style="width: 95%;" type="text"/>	Desired Level:	14U / 16U / 18U

Parent Information

Parent First Name:	<input style="width: 95%;" type="text"/>	Parent Last Name:	<input style="width: 95%;" type="text"/>
Parent Primary Email:	<input style="width: 95%;" type="text"/>	Parent Cell 1:	<input style="width: 95%;" type="text"/>
		Parent Cell 2:	<input style="width: 95%;" type="text"/>

Player History

High School:	<input style="width: 95%;" type="text"/>	Will you be playing for your High School in the spring?	<input style="width: 95%;" type="text"/>	# Years Exp.:	<input style="width: 95%;" type="text"/>
Previous Travel Team:	<input style="width: 95%;" type="text"/>	Are you committed to a college program?	<input style="width: 95%;" type="text"/>	College?	<input style="width: 95%;" type="text"/>
List other High School Sports:	<input style="width: 95%; height: 50px;" type="text"/>				

Please score each position between 1 and 5 indicating overall playing time in the last 2 seasons.
1=20% 2=40% 3=60% 4=80% 5=100%

1st Base: ___ 2nd Base: ___ 3rd Base: ___ Shortstop: ___ Outfield: ___ Pitcher: ___ Catcher: ___

PARENT/GUARDIAN RELEASE

I/WE, THE PARENTS OF THE ABOVE NAMED PLAYER, HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE **ELGIN IMPACT** TRY-OUTS.

I/WE, ASSUME ALL THE RISKS AND HAZARD INCIDENTAL TO THE CONDUCT OF THIS PROGRAM.

I/WE, HEREBY RELEASE THE SPONSORS, COACHES AND TEAM OFFICERS FROM SUCH RESPONSIBILITY. I UNDERSTAND THAT MY OWN HEALTH AND ACCIDENT INSURANCE IS MY FINANCIAL PROTECTION IN THE EVENT OF INJURY TO MY SOFTBALL PLAYING CHILD.

AS A PARENT AND OR LEGAL GUARDIAN, I DO HERewith AUTHORIZE THE TREATMENT BY A QUALIFIED AND LICENSED MEDICAL DOCTOR OF THE ABOVE MINOR IN THE EVENT OF A MEDICAL EMERGENCY WHICH THE OPINION OF THE ATTENDING PHYSICIANS, MAY ENDANGER HER LIFE, CAUSE DISFIGUREMENT, PHYSICAL IMPAIRMENT OR UNDUE DISCOMFORT IF DELAYED. THIS AUTHORITY IS GRANTED ONLY AFTER A REASONABLE EFFORT HAS BEEN MADE TO REACH ME.

SIGNATURE OF PARENT OR GUARDIAN

X

DATE:
