



COLORADO ALTITUDE FASTPITCH SOFTBALL

COMPETITIVE TRYOUT FORM

Player Name _____ Age as of 12-31-21

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Home Phone _____ Mobile _____ E-mail _____

Mom's name _____ Mom's phone _____ E-mail _____

Dad's name _____ Dad's phone _____ E-mail _____

I certify that my daughter is in good health and can participate in all tryout activities. In the case of medical emergency I authorize the Tryout Directors to seek treatment. I am responsible for all medical expenses. I understand and assume the hazards and risks associated with this activity and waive all claims of any liability against the Colorado Altitude Fastpitch Softball Club, Directors, its governing body, the City of Colorado Springs.

Signature of Parent or Legal Guardian _____

Date _____

Emergency Contact Name and Phone if Parents cannot be reached _____

Please circle

BAT : L R SW

THROW: L R

Circle the age group (s)
you wish to try out for;

10U 12B 14A/B

16B 16A 18A/B

coach's name

PITCHERS

List your pitches in order of effectiveness:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Do you have a pitching coach? _____

Name of pitching coach

Current Club Team & Level

Current School & Grade Level

Did you play softball Y N
for your school?

Level? _____

List the positions you play

- 1 _____
- 2 _____
- 3 _____
- 4 _____