



## TRAVEL TEAM TRYOUT REGISTRATION FORM

What age division is the player trying out for? 13U / 14U / JV / Var

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ 2ndary Phone: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Current School: \_\_\_\_\_ Projected High School: \_\_\_\_\_

Bats: \_\_\_\_\_ Throws: \_\_\_\_\_ Preferred positions: \_\_\_\_\_

Playing Experience- please list any experiences in Little League, Cal Ripken, Babe Ruth, All-Stars and travel teams.




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Does the player have any physical or other medical condition that Sandlot Sports staff should be aware of? Yes/No

If Yes, please

specify: \_\_\_\_\_

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I understand and agree that neither Northern Virginia Travel Baseball League, Fairfax County or Sandlot Sports, coaches, managers, trainers and/or instructors will be responsible for any and all accidents or injuries incurred to my child or myself while attending or participating in a Sandlot Sports Baseball Team Tryout. I, the parent/guardian, of the player named above, confirm that my child is in good health and able to participate within the physical demands of a vigorous athletic tryout.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_