2021 CNY Xplosion Softball Try-Outs



			Person	al Inforr	mation				
Player's Name						School			
Date of Birth						Age		Grade	
Home Address					City/Zip Code				I
Cell Phone				Email	Address				
Best Form of Contact		Text?		Cell Pho	ne?	_ Emo	ail?		
Parent/ Guardia	ın Name								
Email Address			Cell		Cell Ph	one			
Parent/Guardia	n Name				1				
Email Address						Cell Ph	one		
		I	Emergency (Contact	nformatio	n			
Name					Relationship to player				
Email Address				Cell Phone					
		9	Softball Back	ground	Informatio	n			
How long hav	e you beer	n playing?							
How long have	e you been	pitching?							
Do you play any other positions?			If so, what positions?						
Have you received instructions before?			If so, with who?						
Do you play ASA/ Travel?			If so, which team?						
sion Softball woul s, and various adv players prior to pu or individual photo	d like to tak vertisement blishing pion ographs of	s. Xplosion Soctures. Please players.	olayers during oftball would e check the b	g clinics like to ol ox belov	and training otain writter v to authori	g and use to approval f ze Xplosion	ne picture rom pare Softball	es on its wet ents/guardiar	ns roup

Player's Name _____ Date ____

Parent/Guardian____