

# PHSC—Prairie Hawks Softball Club 2020-2021



Player's Name: \_\_\_\_\_

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

Player's Grade in School for 2020-2021: \_\_\_\_\_

Has the player played on a softball team before?:  Yes  No

If yes: # of years: \_\_\_\_\_

for whom?:  Recreation  PHSC (Prairie Hawks Softball Club)  Other: \_\_\_\_\_

Please check the age group your player is trying out for:

8U  10U  12U  13U  14U

Parent or Guardian Name(s): \_\_\_\_\_

Email address(es): \_\_\_\_\_

Address (street, city, zip): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Please list any health issues: \_\_\_\_\_

I give permission for my player to participate in the Prairie Hawks Softball Club. In case of injury, I waive and release the Prairie Hawks Softball Club and coaches of any liability. My player is in good physical condition to play competitive softball. In an emergency, if I cannot be reached, any medical treatment determined necessary is authorized and will be paid by me or my insurance company.

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

Thank you for your interest in the Prairie Hawks Softball Club!

**Interested in volunteering, coaching and/or being a member of the Prairie Hawks Softball Club Board?:**  Volunteer  Coaching  Prairie Hawks Softball Club Board

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