



Player ID # _____

Try-Out Registration Form

Player's Name _____ Age _____ DOB _____

Years Played _____ Previous Select Experience Yes No (If "YES", please explain below)

Bats R L S
(check one)

Throws R L
(check one)

Position Played P C 1B
 2B 3B SS OF
(check all that apply)

Player's School District _____ Grade _____ Expected Graduation Year _____

Player's Home Phone _____ Cell Phone _____ E-mail _____

Father's Name _____ Cell Phone _____ E-mail _____

Mother's Name _____ Cell Phone _____ E-mail _____

As a parent are you interested in being a coach and/or helping with the team in any way? If yes, please explain. Yes No

Special Instructions / Comments / Medical Conditions

Team Trying Out For 8U 10U 12U 14U 16U Gold

Player Name _____

Player ID # _____

---FOR COACHES USE ONLY---

CONDITIONING

1st Run	Home to 1st Base		Home to Home Time	1 Mile Run (4 Laps)	Push Ups (1 Minute)	Sit Ups (1 Minute)
	2nd Run	Average Run				

PITCHERS

Fast Ball			Accuracy Rating (1 - 10)	List Fluent Pitches
Ball 1 Speed	Ball 2 Speed	Ball 3 Speed		
Ball 4 Speed	Ball 5 Speed	Average Speed		

CATCHERS

Framing Rating (1 - 10)	Blocking Rating (1 - 10)	Pop Time to 2nd Base			Accuracy Rating (1 - 10)		
		Ball 1	Ball 2	Ball 3	Home to 1st Base	Home to 2nd Base	Home to 3rd Base
		Ball 4	Ball 5	Average			

FIELDING

Infield Fielding Rating (1 - 10)	Outfield Fielding Rating (1 - 10)	Velocity Recordings			
		Ball 1 Speed	Ball 2 Speed	Ball 3 Speed	Average Ball Speed

BATTING

Bunting	
Ranking (1 - 10)	Bunting Comments

Hitting					
Line Drive	Fly Ball	Pop Up	Ground Ball	Foul Tip Ball	Missed Ball

Hitting Comments