



Xpress Elite Tryout Registration

Circle the team(s) you are interested in: 12U 14U 16U 18U

Player's Name: _____

Date of Birth: _____

Player Email/Cell #: _____

Address: _____

School/Grade: _____

Position(s): _____

Prior Team(s): _____

Parent Name(s): _____

Parent Email: _____

Parent Cell #s: _____

Why are you interested in the Xpress?: _____

Do you want to play softball in college (circle one)? Yes Unsure No

Where will you play school softball in the Spring? _____

Players' Top 3 Softball Goals: _____

In May, June, & first 3 weeks of July, other than scholastics, is there anything that will interfere with the Xpress practice and playing time?

Any medical or other issues of which we should be aware? _____

WAIVER OF LIABILITY: I give my permission for the child (Player) named above to participate in softball tryouts with the Paoli Xpress. I understand that participation in softball and these tryouts may result in injury and that protective equipment does not prevent all injuries. In consideration of being permitted to participate in these tryouts, I do hereby waive, release and agree to hold harmless the Paoli Xpress, its coaches, players and other tryout participants from any and all claims arising from injury alleged to have resulted from these tryouts.

Parent Signature: _____

Date: _____

Print Parent Name: _____