



# ACES

Workout #: \_\_\_\_\_  
(will be provided at tryout)

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Years of Softball Experience: \_\_\_\_\_

Previous Travel Ball

Team(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Positions Played:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## WAIVER

I understand that while I am participating in this organizational workout/tryout, that there is a risk of injury. I understand that such an injury can range from minor to major injury.

I hereby waive any and all claims, causes of action, right to entitlements, suits or damages against Ashley Creamer Elite Softball Program including any and all of its agents or representatives, as a result of or in conjunction with my participation during this organizational workout/tryout.

I understand that participation in this organizational workout/tryouts is not a guarantee of a position with Ashley Creamer Elite softball team for the 2016-2017 or any other season and no implied guarantee of position has been made to me.

I verify that the player candidate has no physical disabilities, impairments, or other medical conditions that will inhibit participation of softball sport activities. I hereby accept and assume the risk of injury and understand the possible consequences of such injury.

I, the undersigned, have read this form carefully and understand all of its terms.

Name of Player Candidate: \_\_\_\_\_

DOB: \_\_\_\_\_

Athlete Insured? Y / N

If yes, Carrier \_\_\_\_\_ Group/Policy \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

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