

Nemesis Elite - Try Out/Camp Release Form

Team (12u, 16u?)

Try-Out Number

Player/Participant Information

Name: Birth date:

Address: E-mail:

City: Player's Cell #:

Hm Phone: School/Grade:

GPA: SAT: Skills Video Y / N If in HS - Played: V, JV or Frosh/Soph (circle one)

Please list your last **two years of softball experience**, association, organization or club/travel:

Year	Team/Organization/Association	Positions Played

Any current injuries that prevent you from participating at 100%? If yes, explain:

Do you have a batting/pitching/defense personal coach? If so, list name(s) and how long:

Parent/Guardian Information

Is parent willing to help coach? Y / N (circle one)

MotherFatherEmergency Contact/Information

Name: / Name:

Hm Phone: / Hm Phone:

Cell Number: / Cell Number:

E-mail: / Medical Insurance Carrier:

Emergency Treatment Authorization and Waiver

The undersigned parent or guardian of the participant, a minor, gives consent and authorizes representatives of the team to act as agents for the undersigned and authorize the emergency medical, surgical and/or dental treatment of the participant at any emergency medical facility. The undersigned assumes all expenses related to such emergency medical treatment. The undersigned understands that serious injuries up to and including death can result from participation in team activities and agrees to release, indemnify and hold harmless coaches, representatives of the team and/or the Nemesis Elite organization from any claim arising from injury to the above listed participant.

List special medical conditions:

List medications taken regularly:

Signature of Parent or Guardian

Date

Speed/Agility	Batting	Pitching	Fielding	Other
H-1	Contact	FB	Throwing	
H-2	Power	SB	Ground Balls	
H-H	Exit Spd	CB	Fly Balls	
		RB		
		CU		