



COMPETITIVE SOFTBALL REGISTRATION FORM

Players Name _____ Age _____

Address _____ City _____ Zip _____

DOB _____ School _____ Grade _____

Throws - RH LH Bats - RH LH Both

Positions Played
Years of Experience
At Position

Pitcher	Catcher	1st	2nd	SS	3rd	OF

Position Preference #1 _____ #2 _____ #3 _____

Other Extracurricular
Activities _____

Days of the Week Available For Practice MON TUE WED THU FRI SAT SUN

Health Restrictions _____

PARENT/GUARDIAN INFORMATION

Parent Name #1	Home #	Cell #	Work #
Email Address			

Parent Name #2	Home #	Cell #	Work #
Email Address			

I, the undersigned, as the legal parent or guardian, hereby give my permission for the child indicated in this form to participate in the tryouts, practices, and games conducted and sponsored by The Wanted. I further release The Wanted to utilize any photography or video captured through the duration of any event. It is understood that participation in tryouts, practices, and games could result in injury to the participants and spectators. By signing below, I do hereby waive, release, absolve, indemnify, and hold harmless all agents, employees, assignees, and organizations associated with and part of The Wanted and its affiliates.

Signature _____ **Relationship** _____ **Date** _____