**Tryout Form**

Date: Player Number:

**PLEASE READ CAREFULLY, THIS IS A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS.**

**I therefore, for myself, the child, or respective heirs, successors and assigns, hereby knowingly and intentionally WAVE AND RELEASE, AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE FRONT RANGE SOFTBALL ASSOCIATION (aka “Firecrackers Gale”) their respective owners, partners, agents and employees from and against any and all liability, claims, actions, causes of action, suits, expenses (including reasonable attorney’s fees) and NEGLIGENCE of any kind of nature, whether foreseeable or not, arising directly or indirectly out of any and all damage, injury, paralysis, or death of the child resulting from the participation of the child in the program, any activity associated with the program or in any way related to the program, or the transportation of the child as provided herein, or to persons or property which child may cause or contribute to with another child in the program, whether such damage, loss, injury, paralysis or death results from the NEGLIGENCE of the Monarch Fastpitch Club Inc., their respective owners, partners, agents, or employees, or from some other cause.**

**I HAVE CAREFULLY READ THE FORGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I AM AT LEAST 18 YEARS OF AGE.**

Player Name:

Parent(s) Name:

Address:

Home Phone Number:

Second Contact Number:

Email Address:

Age: Last Team Played For:

Birth Date: Team Level: A B C (circle one)

Positions: (please list positions(s) in order of preference/skill)

1. 2) 3)

Parent or Guardians Signature:

Hitting Coach: Pitching Coach:

(Pitchers Only)

List pitches you can throw:

List pitches you are working on:

Do you have a pitching coach? YES/NO if yes, please list coach: