



Class "A" Tournament Softball

Try-Out Registration Form

Please Print NEATLY

Player's name: _____

Player's Date of birth: _____ Age on Jan 1, 2010: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Player's email: _____ Player's cell #: _____

Parent's email: _____ Parent's cell #: _____

Positions Played:

1st choice _____ 2nd choice _____ 3rd choice _____

Have you ever played Tournament Softball? YES NO

Team	Year

Does the player have any medical conditions the staff should be aware of?
YES NO ;

If YES, List Conditions:

"Thank you!" for trying out with the Delco Diamonds
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