

DATE:

AGE GROUP:



NEW PLAYER TRYOUT & EVALUATION FORM

Last Name	First Name	Address	City	ZIP Code

Phone - Home	2 Phone - Mom	3 Phone - Dad	Email Address	Email Address 2

Birth Date	Current Age	Height	Weight	Bats (Right, Left, Switch)	Throws (Right, Left)	Primary Position

Current Team	Current Organization	Secondary Position	Other Position	Pitcher (Yes or No)

Previous Team(s)	Previous Organization(s)	School Attending	Grade
		School District	County

Other Sports Participating (check all that apply)

Football Fall Baseball Basketball Wrestling Lacrosse / Rugby

Fall Soccer Spring Soccer Winter Soccer Other _____

Parents Name(s)	Comments, Allergies, Medications

The Parent/Guardian warrants that he/she has granted permission to the Player; and Keystone Nationals Select Baseball Club and all its member teams, players and parents of same, coaches and managers, board members, and volunteers who are associated with the organization, and while acting on this organizations behalf, are released by the said Parent/Guardian and Player, from any responsibility or liability for any claim for damages which the said Parent/Guardian of Player may by reason of mishap, accident or injury received by said Player in play or in practice with said team or in traveling to or from the playing field on which any game, exhibition or practice may be conducted. This contract is for the entire eligibility of said Player.

Parents Signature _____

Date _____

Parents Signature _____

Date _____

____ Date	____ 60 Times	____ Radar	____ Arm/Position	____ Hit/Pow/Con/Bunt	____ Catch Pop Time
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