



# Emerald Coast Comets

## U Tryout Application

First Name		Middle Initial	Last Name												
Birthdate	Age	Parent/Guardian Names													
Address															
Phone		Email Address													
HOW DID YOU HEAR ABOUT THE COMETS? This information will help us determine the best way to let other girls know about the Comets in the future Friend _____ Newspaper _____ Comets Flyer _____ Internet _____ Other _____															
FASTPITCH SOFTBALL EXPERIENCE (TRAVEL, SCHOOL, LITTLE LEAGUE, REC LEAGUE, ETC.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">TEAM</th> <th style="width: 30%;">COACH</th> <th style="width: 40%;">POSITION</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				TEAM	COACH	POSITION	1) _____	_____	_____	2) _____	_____	_____	3) _____	_____	_____
TEAM	COACH	POSITION													
1) _____	_____	_____													
2) _____	_____	_____													
3) _____	_____	_____													
LIST YOUR FAVORITE POSITIONS: 1) _____ 2) _____ 3) _____ WHAT DO YOU THINK IS YOUR BEST POSITION? _____															
LIST ANY OTHER SPORTS OR ACTIVITIES YOU PARTICIPATE IN. (Other Softball, Soccer, Basketball, Cheerleading Etc.) 1) _____ 2) _____ 3) _____															
ON A SCALE OF 1 TO 10, HOW IMPORTANT IS SOFTBALL TO YOU? _____															
Have you seen the Emerald Coast Comets Web Page?		YES	NO												
Parent Signature		Date													

<b>FOR COACH / MANAGER USE</b>	REVEIUED BY	FEES PAID:	TRYOUT #
			DATE



# Emerald Coast Comets

## *Parent / Guardian Waiver, Release of Liability, Indemnification and Consent to Participate Form*

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate as a member of the Emerald Coast Comets softball team.

I understand that there are certain risks of damages and injuries, inherent in the practice and play of softball, as well as in traveling in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. These risks include but are not limited to those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.

I understand that sliding in base is dangerous to my child and other players and may result in serious injury.

I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, sliding, diving, and collisions with other players and with stationary objects, all of which can cause injury or death to my child and to other players.

Further, I agree that in consideration for the right to allow my child to participate as a member of the Emerald Coast Comets and in consideration for permission to play on the fields arranged for by the team:

1. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the Emerald Coast Comets, (b) while serving in a non-playing capacity as team member or observer during practice or play by other teams or by other players on my child team, and (c) while on or upon the premises of any and all of the fields arranged for by my team for practice or play.

2. In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge and agree not to sue the owner or operator of any fields, the Emerald Coast Comets, Sponsors of the Organization, or their officers, agents, servants, associations, or any person or entity connected with the team, field or sponsors for any claim, damages, costs including attorneys fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to coaches and officials of the team and league.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby release from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons on entities hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

PLAYERS NAME  
(Print)

PARENTS NAME  
(Print)

SIGNITURE OF PARENT

DATE

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