



## Boise Blast Tryout Player Information

**Circle:**      U10                      U12                      U14                      U16                      U18

**Graduation year:** \_\_\_\_\_

Player Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_ Phone #s \_\_\_\_\_

Address \_\_\_\_\_

High School \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_

Parent's Names \_\_\_\_\_ Parent's # \_\_\_\_\_

Prior Travel Softball Experience: \_\_\_\_\_

\_\_\_\_\_

Positions interested in playing: \_\_\_\_\_

Describe your strengths: \_\_\_\_\_

\_\_\_\_\_

Allergies/Injuries effecting playing ability \_\_\_\_\_

\_\_\_\_\_

Other activities or sports you are involved in: \_\_\_\_\_

\_\_\_\_\_

Activities that may interfere with softball practice or tournament schedule: \_\_\_\_\_

\_\_\_\_\_ If so, what days would you not be able to attend? \_\_\_\_\_

I/we do hereby give our consent for the above named girl to participate in the Boise Blast tryout. We will assume all risks and hazards that are incidental to the conduct of the activities.

I/we give permission to the Boise Blast coaches to provide medical treatment in case of an emergency or injury if we are not present.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent Name \_\_\_\_\_