



Lady Tigers Fast Pitch Softball Organization

Regional Tryout Registration Form

Player's Name _____ Date of Birth _____

Player's E-mail Address _____ Player's Phone (____) _____

Parent's Name _____

Parent's E-mail Address _____ Parent's Phone (____) _____

Mailing Address _____

City _____ State _____ Zip _____

High school attending _____ Grade Point Average _____

Primary Position _____ Secondary Position _____

Bat: R L S Throw: R L

❖ Height _____ Weight _____

❖ Have you suffered from any injuries: YES NO

If yes, what type of injury? Are you healed? Are you in a conditioning program?

❖ Have you ever played travel softball? YES NO

If yes, how long _____ & what teams?

❖ Are you currently playing? YES NO If yes, what teams?

NOTE: Return completed registration form to the address below or scan completed form and send via e-mail. You will be contacted regarding the date and time of the tryouts.

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