



PUMAS TRYOUT WAIVER FORM

TRYOUT #: _____ **(Staff Use)**

(One player waiver form for EACH participant must be completed & signed by parent or guardian at tryouts if under 18)

PLAYER'S NAME: _____

AGE (as of 1/1/22) : _____ **DOB:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMAIL: _____ **SCHOOL:** _____

PLAYED FASTPITCH: YES NO WHERE? _____

POSITION(S): _____

WHAT AGE LEVEL WOULD YOU PLAY AT? 10U 12U 14U 16U 18U

DO YOU PLAY OTHER SPORTS? YES NO IF YES, WHAT SPORTS? _____

ARE YOU AVAILABLE TO PLAY IN FALL OR WINTER TOURNAMENTS? YES NO

PARENT/GUARDIAN: _____ **PHONE(S):** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PARENT/GUARDIAN ASSUMPTION OF RISK, WAIVER AND RELEASE: I/we am/are the parent(s) or legal guardian of who desires to be a participant in the PUMAS GIRLS FASTPITCH SOFTBALL CLUB. It is important to me/us that this child is allowed to participate in this activity. I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, sickness, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the PYAA allowing my child to participate in fastpitch softball and/or use of facilities, I/we, on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of facilities. I/we acknowledge that a medical exam is encouraged if I/we have any questions concerning the above-named child's participation in this activity. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless the Pumas Fastpitch Softball Club, its coaches, PYAA Board of Directors, its hired or contracted instructors and any other agents or organizations including the PYAA as a whole, and waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I/we grant my (our) full and voluntary consent for the above-named child to participate in the activity described above. I/we further agree that pictures taken during program hours may be used for future promotional purposes.

Parent(s) / Guardian Printed Name(s): _____ **Date:** _____

Parent(s) / Guardian Signatures(s): _____

MEDICAL INSURANCE CO. POLICY#: _____

PARTICIPATION WAIVER: I understand that this is a competitive fastpitch softball program. I also understand that there is no guaranteed playing time. I understand that it is the coach's decision to determine playing time for the players. If I have any concerns regarding playing time, I will discuss the issue with the coach directly. Parent(s) / Guardian

Signatures(s): _____