

Extreme B-Teams

Try-Outs Registration

PLAYER NAME: _____ BIRTH DATE: _____

DIVISION: U- _____ (U12 = 2007-2008) (U14 = 2005-2006)

HOME PHONE: _____

HOME EMAIL(S): _____

NAME YOUR PRIMARY POSITION: _____

NAME YOUR SECONDARY POSITION: _____

PLEASE CIRCLE: PITCHER? YES NO CATCHER? YES NO

THROW: RIGHT LEFT BAT: RIGHT LEFT BOTH

SLIDING CONFIDENCE (0=NONE, 5=FULL) 0 1 2 3 4 5

BUNTING CONFIDENCE (0=NONE, 5=FULL) 0 1 2 3 4 5

SLAPPING CONFIDENCE (0=NONE, 5=FULL) 0 1 2 3 4 5

ATTENDING BOTH TRY OUTS (Jan 19 AND 27)? YES NO

IF NO, PLEASE EXPLAIN WHY:

LIST WAYS YOU HAVE BEEN PHYSICALLY ACTIVE SINCE LAST SEASON:

WE HAVE READ AND AGREE WITH THE TERMS OF PLAYING ON A B TEAM:

PLAYER INITIAL: _____ 1 PARENT INITIAL: _____