



## 2019-2020 Tryout Registration Form

### **Player Information:**

Players Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age as of April 30<sup>th</sup>, 2020 \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Bats \_\_\_\_\_ Throws \_\_\_\_\_ Primary positions played: \_\_\_\_\_

Current Team Name: \_\_\_\_\_ Attending Tryouts Both Nights (Yes or No) \_\_\_\_\_

### **Parent Information:**

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Wk #: \_\_\_\_\_

E-mail Addresses: \_\_\_\_\_

### **General Questions:**

What is your main reason for wanting to join the Reds Organization? \_\_\_\_\_

\_\_\_\_\_

Are you interested in coaching a team? \_\_\_\_\_ Head or Assistant

Prior coaching experience: \_\_\_\_\_

\_\_\_\_\_

Would you be interested in participating in practices? Yes No

Would you be interested in participating in the Reds Board? Yes No

Would you be interested in participating in one of the Reds committees? Yes No

Do you have access to a playing/practice field or facility? Yes No

Where? \_\_\_\_\_

What is the number one goal you would like to see your player achieve this year? \_\_\_\_\_

\_\_\_\_\_