

Austin Slam Baseball Player Tryout Form

Player Contact Information

Players Name: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

School: _____

Height: _____ Weight: _____ Bats: _____ Throws: _____

Positions you play: _____

Do you play any other sports in School? Yes or No If yes, which sports: _____

Where did you play last summer or fall? _____

Family Contact Information

Father/Guardian Name: _____ Cell Phone: _____

Email: _____

Mother/Guardian Name: _____ Cell Phone: _____

Email: _____

Additional Information

Emergency Contact(s): _____

Alternate Address: _____

Additional Information: _____

Austin Slam Baseball Use ONLY

Season: _____ Team: _____

Notes:

