



## Tryout Form

(PLEASE PRINT CLEARLY)

Please circle one:

8U / 9U / 10U / 11U / 12U / 13U

14U / 15U / 16U / 17U / 18U

What season do you want to be considered for? (Circle one)    Fall    Spring    Both

Athlete's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_    Height: \_\_\_\_\_    Weight: \_\_\_\_\_

Throws with: Left    Right    Both  
(Circle one)

Bats with: Left    Right    Both  
(Circle one)

Positions played: (Circle all that apply)    P    C    1B    2B    3B    SS    OF

Previous Select Experience (Please list team names and coaches):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

City: \_\_\_\_\_    Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

2<sup>nd</sup> Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

**(For C3 Futures Baseball Staff Only)**

Infield	Outfield	Athletic Ability	Pitching	Hitting
Fundamentals 1 2 3 4 5	Fundamentals 1 2 3 4 5	Athletic 1 2 3 4 5	Fundamentals 1 2 3 4 5	Fundamentals 1 2 3 4 5
Quickness 1 2 3 4 5	Speed 1 2 3 4 5	Strength 1 2 3 4 5	Speed FB mph ____--____ OS mph ____--____	Bat Speed 1 2 3 4 5
Ball Transfer 1 2 3 4 5	Accuracy 1 2 3 4 5	Running 60yd:	Accuracy 1 2 3 4 5	Contact 1 2 3 4 5
Arm Strength 1 2 3 4 5	Arm Strength 1 2 3 4 5	Pop time:	Off Speed CH CV SL ____	Power 1 2 3 4 5

**Notes**

\_\_\_\_\_

\_\_\_\_\_