



## Trojans Select Baseball Team.

Player's: Date of Birth: \_\_\_\_\_

Player's Tryout #: \_\_\_\_\_

Player's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Primary Contact Name & Number: \_\_\_\_\_

Secondary Contact Name & Number: \_\_\_\_\_

School Enrolled in for FALL 2019: \_\_\_\_\_ Grade FALL 2019: \_\_\_\_\_

Mother's Name (First & Last): \_\_\_\_\_

Mother's Email & Cell: \_\_\_\_\_

Father's Name (First & Last): \_\_\_\_\_

Father's Email & Cell: \_\_\_\_\_

Previous Baseball Experience:

Team Played for 2018- 2019 Season (Team Name & Division): \_\_\_\_\_

Team Played for 2017-2018 Season (Team Name & Division): \_\_\_\_\_

Primary Position played: \_\_\_\_\_

Are you trying out for Pitcher: \_\_\_\_\_ Catcher: \_\_\_\_\_

Please list all additional sports and activities you are involved in throughout the year:

\_\_\_\_\_  
\_\_\_\_\_

If offered a spot on the Trojans Baseball team a **\$200.00 NON-REFUNDABLE** Deposit payable to SYAA will be due to the head coach within 24 hours of acceptance on the team.

X:

By signing this I agree to the above terms and conditions