



## 2024/2025 Tryout Registration Form

Please complete the below information and bring the completed form with you to tryouts.

Players Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Players school attending \_\_\_\_\_

Player E-Mail: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Positions played: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

I, the undersigned parent, or legal guardian, do hereby authorize and consent to my daughter's participation in the Hot Shots Fastpitch softball program tryout. I understand there are potential dangers involved in this sport and that physical injuries may occur that require medical care and treatment. I acknowledge that the coaches and staff do not provide medical or hospitalization insurance for any players and hereby waive any claims against the team, coaches, Hot Shots organization, or other affiliated staff for any injuries that may be sustained while participating in these tryouts.

I give my consent and authorize a representative of the Hot Shots, on behalf of my child and myself, to obtain emergency medical care and treatment for my child if I am not present or am unable to be notified by reasonable means. I understand that I will be responsible for all medical bills and costs that may be incurred because of medical care and treatment provide for my child.

*Players will be evaluated by the Hot Shots Coaching Committee and placed within their respected age group and skill level to prevent harm to all players.*

\_\_\_\_\_  
(Signature of Registrant)      (Date)

\_\_\_\_\_  
(Signature of Parent/Legal Guardian) (Date)

**Please list below any allergies, allergic reactions to any medications, or any medical conditions that require special treatment.**

The North Carroll Hot Shots Fastpitch is generously sponsored by:  
Hampstead Preowned, North East Technical Svs, Inc. and  
Heather Stackus Counseling and Consulting, LLC



The American Disabilities Act applies to the Carroll County Government and its programs, services, and facilities. Anyone requiring an auxiliary aid or service for effective communication, or who has a complaint should contact The Department of Citizen Services, 410-386-3600 or 1-888-302-8978, or MD Relay 711/1-800-735-2258 as soon as possible but no later than 72 hours before the scheduled event.



