

# Extreme B-Teams

## Try-Outs Registration

PLAYER NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

DIVISION: U- \_\_\_\_\_ (U12 = 2008-2009) (U14 = 2006-2007) ( U16=2004-2005)  
(U19=2001-2003)

HOME PHONE: \_\_\_\_\_

HOME EMAIL(S): \_\_\_\_\_

NAME YOUR PRIMARY POSITION: \_\_\_\_\_

NAME YOUR SECONDARY POSITION: \_\_\_\_\_

**PLEASE CIRCLE:**      PITCHER?    YES   NO                      CATCHER?    YES   NO

THROW:    RIGHT    LEFT                      BAT:    RIGHT    LEFT    BOTH

SLIDING CONFIDENCE    (0=NONE, 5=FULL)    0   1   2   3   4   5

BUNTING CONFIDENCE    (0=NONE, 5=FULL)    0   1   2   3   4   5

SLAPPING CONFIDENCE    (0=NONE, 5=FULL)    0   1   2   3   4   5

ATTENDING BOTH TRY OUTS (Oct 5th AND Oct13 )?    YES   NO

IF NO, PLEASE EXPLAIN WHY:

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

LIST WAYS YOU HAVE BEEN PHYSICALLY ACTIVE SINCE LAST SEASON:

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

**WE HAVE READ AND AGREE WITH THE TERMS OF PLAYING ON A B TEAM:**

PLAYER INITIAL: \_\_\_\_\_      1 PARENT INITIAL: \_\_\_\_\_