



Ohio Banshees

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OHIO BANSHEES

SOFTBALL TRYOUT REGISTRATION

Fall _____ thru Summer _____

Coach Name _____

Player Name _____ Date of Birth _____

Address _____ Zip _____

Player Phone _____ School _____ Grade _____

Email Address _____

Parent Name _____ Email _____

Phone _____

Address (if different) _____

Parent Name _____ Email _____

Phone _____

Address (if different) _____

Insurance information: Name of Plan _____

Primary coverage parent _____ Employer _____

I give my permission for the above named athlete to participate in the Ohio Banshees softball tryouts and/or practices for the season indicated above. I hereby certify that she is physically fit to take part in the softball program. I further authorize the coaches or a representative of the Ohio Banshees to use his/her best judgment to protect, assist and seek medical attention for the above named minor in the event of accident or injury. Further, I agree to hold Ohio Banshees Softball harmless in the event of an accident or injury.

Signature of Parent or Guardian

Date _____

Please list any health concerns of which coaches should be aware:

