



Age Division 10U() 12U() 14U() 16U()

2017/2018 AFTERSHOCK SOFTBALL Player Information Sheet

Player Name: _____ DOB: _____

Parent/Guardian Names: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Emergency Contact Other Than Parent: _____

Personal Doctor Name & Phone: _____

School/Grade Currently Attending: _____

Email Contact: _____

Email Contact: _____

Medical Conditions/Allergies/Medications/Glasses or Contacts: _____

Past Softball Experience: (# of years, teams, etc) _____

Preferred Positions: _____

(Circle One) Throws: Right Left

Bats: Right Left

If Applicable:

Pitching Coach: _____

Hitting Coach: _____

Does Your Child Play Any Other Sports: _____

Has Your Child Ever Been Registered For ASA Before? Dates: _____

Parent Volunteer Opportunities: (Check Any That You May Be Interested In)

Head Coach Asst. Coach Scorekeeper Assisting Treasurer

Goodies Pictures Fundraising Treasurer

Notes: _____

Guardian Signature: _____ Date: _____

Thank You!!