



Outlaws Girls Fast Pitch Softball Registration

Internal Use:
Div _____
Coach _____

First Name _____ Last Name _____

Address/City/Zip _____

Player's Phone _____ Player's Email _____

Date of Birth _____ Age _____ School _____

Parent/Guardian First Name _____ Parent/Guardian Last Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address/City/Zip _____

Email _____

Parent/Guardian First Name _____ Parent/Guardian Last Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address/City/Zip _____

Email _____

of Yrs Playing Softball _____ Last Season Organization/Team(s): _____

Positions Played:

Pitcher Catcher 1st 2nd 3rd Short Right Center Left

2 Positions Most Often Played:

Pitcher Catcher 1st 2nd 3rd Short Right Center Left

2 Positions Player Desires:

Pitcher Catcher 1st 2nd 3rd Short Right Center Left

Do you play any other club sports? Yes No
If yes, please list: _____

Do you play any other sports or activities including school? Yes No
If yes, please list: _____

Are you committed to any other organizations? Yes No
If yes, please list: _____

Comments/Why do you want to play for Outlaws? _____

Team or Coach Preference: _____