

2009 Team Try-Out Application

Visit our web site at: www.metroexpresssoftball.com

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number / area code _____

Email Address _____

Birth Date _____ Age on January 1, 2009 _____

High School _____ 2008/09 School Yr Grade _____

I would like to try-out for the: _____ **12u Team** _____ **14u Team** _____ **16u Team** _____ **18u Team**

List three positions you can play with your primary position first:

1: _____ 2: _____ 3: _____

List your playing experience: _____

I submit this try-out application to the Metro Express and agree to participate in try-out activities so that I may be considered for selection to the Metro Express team.

Player's Signature _____ Date _____

I agree as parent or guardian of the above named individual to give permission for her to participate in the try-outs for the Metro Express. On behalf of my daughter and myself, I voluntarily accept and assume all risks incurred by her while participating in the try-outs for the Metro Express and waive and release the Metro Express of any and all liability.

Parent \ Guardian
Signature _____ Date _____

MAIL TO: **METRO EXPRESS * 314 Lindsay Road * Carnegie, PA. 15106**

For additional information please contact: Zach Green at (412) 279-0242

Email: metroex@comcast.net

Visit our web site at: www.metroexpresssoftball.com