

Austin Slam Baseball

Player Tryout Form

Please have parent fill out legibly

Date: _____

Player's cell number: _____ Parents E-mail: _____

Player's Name: _____
Last First Middle

Address: _____
Street City Zip

Date of Birth: ___/___/___ High School: _____ Graduating Yr. _____

Height: _____ Weight: _____ Bats: _____ Throws: _____

Do you play other sports in high school? If yes, which sports. _____

Where did you play last summer? _____

Positions you play at high school: (1) _____ (2) _____

Preferred Positions: (1) _____ (2) _____ (3) _____

Father: _____ Hm Phone: _____

Employer: _____ Wk Phone: _____

Cell Phone: _____ E-mail: _____

Mother: _____ Hm Phone: _____

Employer: _____ Wk Phone: _____

Cell Phone: _____ E-mail: _____
