



# WORCESTER ZONE A.S.A. SOFTBALL 2010 SEASON TRYOUT APPLICATION



THE WORCESTER ZONE A.S.A. SOFTBALL PROGRAM IS AFFILIATED WITH:



## THE STRIKE ZONE

**Worcester's Baseball and Softball Indoor Training Facility**

10 Mann Street · Worcester, Massachusetts 01602 · Telephone: 508.752.4766 · [www.kzonecages.com](http://www.kzonecages.com)

THE STRIKE ZONE is pleased to announce A.S.A. Softball tryouts for the following ages:  
12U, 14U, 16U, and 18U  
(age classification for the 2010 season is determined by player's age on January 1, 2010).

### TRYOUT DATES, TIMES and LOCATIONS:

Please refer to The Strike Zone website (under the A.S.A. "The Zone" link) for updated tryout dates, times and locations.

**TRYOUT FEE:**  
\$25.00

### **PRE-REGISTRATION IS STRONGLY RECOMMENDED**

(this will allow us to invite the appropriate coaches to the tryout based upon the applications received)

Call 508.752.4766 or visit [www.kzonecages.com](http://www.kzonecages.com) for additional information.



Please register me for the following tryout ():     12U     14U     16U     18U

Player name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Tryout fee is \$25.00 (checks made payable to The Strike Zone). Please return application and submit fee to:  
THE STRIKE ZONE · ATTN: ASA SOFTBALL TRYOUT · 10 MANN STREET · WORCESTER, MASSACHUSETTS 01602**

### **Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement**

The Participant and/or participant's parent(s)/ guardian(s) acknowledge, understand and assume all risks inherent with participating in this program/tryout.

I, the parent/guardian of, \_\_\_\_\_, hereby give my consent for their participation in "The Strike Zone" program/tryout. Also, I hereby release, indemnify and agree to hold harmless "The Strike Zone" and any of its directors, officers, coaches, agents, affiliates, sponsors, and associated personnel against any legal claim by or on behalf of the participant as a result of participation in the program. I also give my consent for all medical care prescribed by a medical doctor, EMT or nurse to preserve the physical well being of my child.

Parent/Legal Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_