

BERWYN-PAOLI AREA LITTLE LEAGUE

Tournament Team Tryout Registration

Please bring this completed form to the tryout session.

Player Name _____

Address _____

Phone Number _____ Date of Birth _____

Parent Name _____ E-mail _____ Cell _____

Parent Name _____ E-mail _____ Cell _____

Tournament Team Questions

1. Check the team(s) your daughter is interested in (may check more than one depending on her birth year)

____ 11/12's (born 1998 or 1999)

____ 10/11's (born 1999 or 2000)

____ 9/10's (born 2000 or 2001)

2. Player Data:

- Please circle shirt size: Youth Small, YM, YL, Adult Small, AM, AL, AXL, AXXL
- Please circle short size: Youth Small, YM, YL, Adult Small, AM, AL, AXL, AXXL
- Regular Season: Please circle: Majors or Minors
- Regular Season Team Name: _____ (ex. Washington, Penn, etc.)
- # of Regular Season Games Played _____ # of Regular Season Games Missed _____
- Please indicate your player's top 3 choices for their jersey # (ex. 9, 3, 29) _____

3. Tournament Team is a significant commitment. Practice will be held several times/week. While vacations and other conflicts will not disqualify someone from being considered for a team, we need to know what potential conflicts exist. If your daughter is selected for the team, she will be expected to make Tournament Team a priority over other athletic teams and summer activities. Please list below the dates of any vacations, camps, sports or other activities from June 6th through July 31 that may interfere with Tournament:

4. Does your daughter have any medical conditions that we should know about? _____ Yes _____ No

If yes, please explain:

5. Will you or your spouse be willing and able to volunteer to assist at a tournament game (keeping score, working the snack stand, operating the scoreboard, etc)? _____ Yes _____ No

6. Are you interested in coaching? _____ Yes _____ No If Yes, name of Regular Season team _____

7. Questions/Comments:
