



## Diamond Academy Tryout Registration Form

Players Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age Groups: 9U 10U 11U 12U 13U 14U 15-16U 17-18U

### Parent/Guardian Information

Guardian: \_\_\_\_\_ Guardian: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

### Player Information

D.OB. \_\_\_\_\_ Grade \_\_\_\_\_

Throws(circle):      Right      Left

Positions Played P\_\_ C\_\_ 1B\_\_ 2B\_\_ 3B\_\_ SS\_\_ OF\_\_

Primary Position: \_\_\_\_\_ Secondary Position \_\_\_\_\_

Please list past team(s) you have played on. Include team name, level of play, years playing BB

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Health Restrictions: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain:

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