

**North Central**  
**MASSacre Softball Tryout**  
**Registration for 2011 14U travel team**  
**Players must be 14 or younger on December 31, 2010**

**Registration:** Pre-registration is required. Download Registration Form @ [www.fllsoftball.org](http://www.fllsoftball.org) Mail to: Jodi Forgues- 50 Stoneybrook Rd- Fitchburg, MA 01420  
Call Coach Forgues 978-345-4162 for more information

**Schedule:** Saturday, August 14th and Saturday, August 28<sup>th</sup>, 10:00 AM to 12 NOON

**Location:** Field # 2, Coolidge Park, John Fitch Highway & Pearl St., Fitchburg, MA

**Required:** Completed registration form and copy of birth certificate.

Name	Date of Birth
Address	City
School	Grade
League:	Positions:
Travel team(s)	

Travel team positions played\*

Preferred position(s)

\*Circle Starting Positions

Mother's Name

Father's Name

Telephone Number(s)

E-mail address(es)

**Emergency Medical Information**

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**I understand that (Name TBD) Softball is not responsible for any injuries incurred by the participant. Permission is granted to transport to a local hospital for treatment by an attending physician in case I cannot make that decision.**

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

Parent must sign.

