



Carolina Freedom Tryout Registration Form

Player Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Age Group: _____

Throws: _____ Right _____ Left _____ Bats: _____ Right _____ Left _____ Both

Positions Played: _____ P _____ C _____ 1B _____ 2B _____ SS _____ 3B _____ OF

Position Preference: #1 _____ #2 _____ #3 _____

Recreation League: _____

Previous Travel Ball Experience (Required): _____

Private Coach: _____

High School Graduation Class: _____

Are any of your family member involved with Carolina Freedom Baseball?: _____ Yes _____ No

Address Information

Street: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information

Father's Name: _____

Father's Address (if different from player): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mother's Name: _____

Mother's Address (if different from player): _____

Home Phone: _____ Cell Phone: _____ Email: _____

When completed please email form to coach@carolinafreedombaseball.com