



Revolution Travel Team Tryout Registration

This form will register you to tryout for our tournament teams.

Players Name: _____ Age: _____

Parents Name and Signature: _____

Address: _____ City: _____

Zip: _____

Phone #: _____ Email: _____

Circle Team Level 10U 12U 14U 16U 18U

Past Softball Experience:

Team Coach

#1 Position: _____

#2 Position: _____

#3 Position: _____

Internal Use:

Team: Tournament Travel B Travel C

Waiver of Participation: In consideration of this registration, I hereby, for myself, my heirs, executors and administrations, waive all rights for claims and damages I or my child may have against the Village or Romeoville and its representatives