



Mt. Carmel Baseball



Tryout Registration for MCA Baseball

Position(s) trying out for: _____ / _____ / _____

Student/Athlete Name: _____

Date of Birth: _____ / _____ / _____ Age by May 1, 2017: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Grade Classification (circle one): 9th. 10th. 11th. 12th.



Father's Name: _____

Home phone: _____ - _____ - _____ Mobile: _____ - _____ - _____ Work: _____ - _____ - _____

Mother's Name: _____

Home phone: _____ - _____ - _____ Mobile: _____ - _____ - _____ Work: _____ - _____ - _____

Guardian / Emergency Name: _____

Home phone: _____ - _____ - _____ Mobile: _____ - _____ - _____ Work: _____ - _____ - _____

(The following questionnaire will not impact your placement on the team.)

How many years (*not seasons*) playing Little League Baseball (including T-Ball): _____

How many years playing Select Baseball: _____ Did Student/Athlete play last year?: _____

School played for last season: _____ League: _____

Please list positions played: _____

What position(s) do you enjoy playing?: _____

Do you want to be the best?: _____ If our team is loosing will you give up?: _____

Do you care if our team looses?: _____ Will you give 100% during the game and practice?: _____

Parental Interest (**check all that apply**):

____ Score Book ____ Stats ____ Concessions ____ Gate ____ Fund-rising

Tryout # _____ Tryout Dates: Thur. 1/7/17 & Sat. 1/14/17 Carter Park 10a-2p