Metro Detroit Athletics Baseball

Player Tryout Form

Date: _____ Player's cell number: _____ E-mail: _____

Player's Name: _____
Last First Middle

Address: _____
Street City Zip

Date of Birth: ___/____/____ High School: _____ Graduating Yr. _____

Height: _____ Weight: _____ Bats: _____ Throws: _____

Do you play other sports in high school? If yes, which sports. _____

Where did you play last summer? _____

Positions you play at high school: (1) _____ (2) _____

Preferred Positions: (1) _____ (2) _____ (3) _____

Additional information you feel we need to know: (Medical concerns, vacations, etc.)_____

_____

_____

Father's name: _____ cell number:

Mother's name: _____ cell number:

Home number:

Fax number:

Email address: