

Middle School Softball

SPONSORED BY SCOTCH PLAINS PAL

Tryouts: Saturday, February 3rd, 2024

Location: Nettingham Middle School – 580 Park Ave, Scotch Plains

Prompt Start Time: 10:50am

Players should arrive at least 15 min early to check in and Warm-up

6th, 7th, & 8th grade girls from Scotch Plains & Fanwood

are eligible to tryout.

Note: Tryouts will be held in the New Gym, (enter at Door #12) so please wear sneakers.

Weather Permitting Batting Tryouts may be outside.

Players are required to provide their own transportation to home and away games as well as be available for after-school practices during the season.

There will be a fee of \$240.00 for those who make the team. Unfortunately, we did not secure Gym space this season for practice as of yet, so locations are still being finalized.

The season will consist of approximately 20 weekday games, most of which begin at 4:00. Any athlete who attends tryouts must be able to commit to at least 16 of the 20 games. Practices are mandatory and will be held at the rate of 2-3 times a week beginning the week of February 27th.

Please complete the below form and send it either as a word document or PDF to coach Mike by January, 25th.

Please send forms and any questions to Coach Mike at michael.trinityelectric@gmail.com

**** NO Make-up date is scheduled at this time. Please contact Coach Mike via email with conflicts.

Further instructions for registration and payment, through the PAL web site, will be provided upon selection to the team.

Player Name _____ Age _____ Grade _____

Email address _____

Health Concerns _____ Emergency Contact # _____

Positions _____

Tryout date attending (please check one): Main date February 3rd _____ Make-up date N/A

TO BE COMPLETED BY PARENT/GUARDIAN:

THE ABOVE APPLICANT HAS MY PERMISSION TO PARTICIPATE IN SCOTCH PLAINS-FANWOOD PAL COBRAS SOFTBALL PROGRAM. IN CASE OF INJURY TO THE ABOVE APPLICANT, I WILL NOT HOLD THE POLICE ATHLETIC LEAGUE OF SCOTCH PLAINS, INC. NOR ITS OFFICERS, DIRECTORS, COACHES, OR OTHER VOLUNTEERS RESPONSIBLE.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

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