

# Southland Baseball Showcase

Registration Form FAX: 714-844-4726  
June 11, 2005 @ Point Loma University

High School Name: \_\_\_\_\_ Primary Position: \_\_\_\_\_

Players Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What size of bat do you use? \_\_\_\_\_ Shirt Size \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Bats: \_\_\_\_\_ Throws: \_\_\_\_\_

GPA: \_\_\_\_\_ ACT/SAT Score: \_\_\_\_\_ SAT2 \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Travel/Scout Team \_\_\_\_\_

Parent's Full Name: Mother \_\_\_\_\_ Father \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Player's Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I approve my child's participation at the Southland Baseball showcase event. I expressly represent to Southland Baseball that my child is in good health and physically capable of participating in any and all activities sponsored and associated with Southland Baseball. I authorize Southland Baseball or its representative to request and obtain emergency medical care/treatment for myself or my child as the circumstance may require and in connection with this authorization I hereby waive and release the right to authorize and give consent for the delivery of medical care/treatment, of whatsoever kind and nature, to my child. I understand that Southland Baseball, its staff members, associates, workers, and anyone associated with Southland Baseball is harmless and release them from any liability from injury as a result of my child's participation in any activity sponsored by Southland Baseball. This release of liability is based on the recognition that sport activities of any kind or nature clearly involves the risk of injury or hazards to the participants and spectators and I acknowledge that my child and I assume such risk when we participate in activities sponsored by Southland Baseball. It is understood that once a player signs this agreement and makes payment there will be no refund for any reason. By signing this agreement the parents and player agree to abide by all the above, and also agree to give Southland Baseball the right to talk to or release information to any or all college programs, Major League teams and scouts, and to put their child's profile/information on the Internet or in any Southland Baseball literature. You must sign below, or if under age 18, the parent or guardian of the participant must sign certifying that the above information has been read, complied with, and agreed to.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Players Name (print) \_\_\_\_\_ Date \_\_\_\_\_

## Medical Information

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Is the participant taking any medication? (Yes/No) If yes, what? \_\_\_\_\_

How often is this medication taken? \_\_\_\_\_

What is the purpose of the medication? \_\_\_\_\_

Is the participant allergic to anything and what? \_\_\_\_\_

Are there any physical limitations, special circumstances, or other information we should be aware of? \_\_\_\_\_

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**FAX to: 714-844-4726 or Mail Payment for \$200.00 to:**

**Southland Baseball**

**PO Box 1239**

**Bellflower, Ca. 90706**

If you have made an online payment mark here: (Yes/No) \_\_\_\_\_