

**So Cal Cup VII – Presented By SGV Baseball  
Player Information Sheet and Registration Form  
July 25-26, 2009 @ Maverick Field –West Covina, CA**

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

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

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

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone / Home Phone (Circle One)

Hat Size: M – L – XL – XXL    Shirt Size M - L - XL – XXL

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

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

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

Connie Mack or Travel Team (Circle One) \_\_\_\_\_

I approve my child's participation at the SGV Baseball showcase event. I expressly represent to SGV Baseball that my child is in good health and physically capable of participating in any and all activities sponsored and associated with SGV Baseball. I authorize SGV 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 to authorize and give consent for the delivery of medical care/treatment, of whatsoever kind and nature, to my child. I understand that SGV Baseball, its staff members, associates, workers, and anyone associated with SGV Baseball is harmless and release them from any liability from injury as a result of my child's participation in any activity sponsored by SGV 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 SGV 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 SGV 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 SGV 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?  
\_\_\_\_\_

**Deadline to Register is July 15th, 2009. Players will be placed on each counties roster. Please enclosed this info sheet and check for the amount of \$90.00 for each player.**

**Paid by: Check – Money Order (Circle One)**

Make Checks payable to:  
**SGV Baseball**  
Please send the information to:  
**Mike Viera**  
**345 N. Nora Ave.**  
**West Covina, CA 91790**