PLAYER INFO SHEET

PLAYER & PARENT INFO

PLAYER: _____ GRADUATION YEAR: _____ BIRTH DATE: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ PLAYER CELL PHONE: _____ PLAYER EMAIL: _____

FATHER NAME: _____ FATHER OCCUPATION: _____

FATHER CELL: _____ FATHER EMAIL: _____

MOTHER NAME: _____ MOTHER OCCUPATION: _____

MOTHER CELL: _____ MOTHER EMAIL: _____

PLAYER ACADEMIC INFO

HIGH SCHOOL: _____ CITY: _____ STATE: _____

HS COACH NAME: _____ HS COACH PHONE: _____

CUMULATIVE GPA: _____ SAT SCORE: _____ Out of 1600 or 2400? ACT SCORE: _____

REGISTER FOR NCAA CLEARINGHOUE? YES or NO If Yes, DID YOU CLEAR? YES or NO (Seniors only)

PLAYER PERSONAL INFO

HEIGHT: _____ WEIGHT: _____ BATS: RIGHT / LEFT / SWITCH (circle one) THROWS: RIGHT / LEFT

PRIMARY POSITION: _____ SECONDARY POSITION: _____ UNIFORM # (please list 3 jersey #'s): _____

HAT SIZE (fitted size): _____ T-SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____

COLLEGIATE & SCOUTING INFO

Please list colleges and/or professional organizations that have been in contact with you.

College or Pro Organization: _____ Contact Name: _____ Phone: _____

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Showcases you are planning on attending in the near future: _____ Date: _____

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□ I ACCEPT MY INVITATION TO PARTICIPATE WITH THE FLORIDA POKERS BASEBALL CLUB.

- Please make checks payable to: **Florida Pokers Baseball**
- Please include a copy of the following: Player's **BIRTH CERTIFICATE** and Family's **HEALTH INSURANCE CARD**

Authorization, Waiver of Liability

1. Florida Pokers provides secondary insurance only. Your insurance is primary.
2. 50% Deposit is due at this time. Full Balance is due by February 1, 2010.
3. Player Fees are non-refundable.
4. I release and hold harmless the Florida Pokers Baseball with respect to any and all injuries, disability, loss or damage to any person and/or property.
5. I release and hold harmless the Florida Pokers Baseball from any and all liability incidental to my involvement and participation in this program, even if arising from the negligence of the Florida Pokers Baseball.
6. I have read and fully understand the terms and conditions.

_____ _____

Player (Parent/Guardian if player is under 18 years old) Date

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