

# Fall Showcase Player Information Sheet

Please return to Elissa Stoffel no later than Wednesday, November 16<sup>th</sup>, 2011. We will need the information to put together a hand out for college coaches. You may e-mail, mail, or drop off with Josh at the BBA facility. Mail with payment to: 1105 South 74<sup>th</sup> Street, West Allis, WI 53214.

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

High School: \_\_\_\_\_ Year in school: \_\_\_\_\_

Position: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Bats:                      Right      Left                      Throws:                      Right      Left

Session:                      1              2              Both                      Shirt Size: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Best e-mail address: \_\_\_\_\_

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

I hereby request and grant permission to the instructors and officials of the Badger Baseball Academy to provide care to my child in the event of injury or illness if I am not present. Such care may include, but shall not be limited to, first aid treatment, transporting to a medical facility or the summoning of emergency assistance. I the undersigned parent or appointed guardian of the above named child, do hereby agree to indemnify and hold harmless Badger Baseball and instructors from all liability for the above named child's activities of any nature with said association. I acknowledge that participation in this training program and related activities involves an inherent risk of physical injury, and on behalf of the registrant, hereby assume all such risk and do hereby release and forever discharge Badger Baseball Academy and all agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily injury and personal injuries, damage to property, and the consequences thereof, resulting from this registrant's participation in or involvement with this camp, including and failure of equipment or defect on or in the premises.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_