



# Wisconsin H.S. Baseball Showcases

## REGISTRATION FORM

Showcase #1—June 27, 2017

Showcase #2—June 28, 2017

*The Rock Sports Complex, Franklin, WI*

### SHOWCASE SELECTION

CIRCLE ONE: Showcase #1—June 27, 2017 Showcase #2—June 28, 2017

CIRCLE ONE: Pitcher Only Position Player Only Both

### PLAYER INFORMATION

NAME: \_\_\_\_\_

HOME # (\_\_\_\_\_) \_\_\_\_\_

STREET: \_\_\_\_\_

CELL # (\_\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_

ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ACT: \_\_\_\_\_ GPA: \_\_\_\_\_

POS.#1(circle): 1B, 2B, 3B, SS, LF, CF, RF, C, P

POS. #2: 1B, 2B, 3B, SS, LF, CF, RF, C, P

BATS (circle): Right Left Switch

THROWS (circle): Right Left

HIGH SCHOOL: \_\_\_\_\_

YEAR OF GRAD. \_\_\_\_\_

### WAIVER

I, the undersigned, do hereby agree to allow the individual named to participate in the activity indicated. I am aware of and understand that there may be potential risks inherent with participation in any recreation activity, and Showtime Sports does not provide accident insurance and cannot assume responsibility for injury to any participants in its camps. All refund requests must be submitted in writing. All refund requests are subject to a \$75 administration fee. If a non-injury request is received less than 21 days before your showcase begins you will not be eligible for a refund. Showtime Sports will consider medical excuses on a case-by-case basis and a medical excuse must be submitted from your doctor. I further understand the program content and refund policies as stated.

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ATHLETE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### REGISTRATION INFORMATION

Register for Showcase #1, Showcase #2 or both.  
Fees are for one day only:

- Pitcher Only—\$245
- Position Player Only—\$245
- Both—\$275

Online at [www.showtimesportscamps.com](http://www.showtimesportscamps.com) or  
Mail this form to the address listed below

### OFFICE USE ONLY

Date Received \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Payment Method: Check

Payment Information: \_\_\_\_\_

Showtime Sports, P.O. Box 578, Brookfield, WI 53008  
Bill Grams (920)809-9989 John Kelliher (414)315-0476