



# Midwest Fastpitch Softball Showcase

## REGISTRATION FORM

### August 8 & 9, 2017 - Middleton, Wisconsin

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

#### 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 Slap Switch THROWS (circle): Right Left  
HIGH SCHOOL: \_\_\_\_\_ YEAR OF GRAD: \_\_\_\_\_  
CLUB TEAM: \_\_\_\_\_ CLUB COACH: \_\_\_\_\_  
CLUB COACH EMAIL: \_\_\_\_\_

#### 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

Registration begins January 20, 2017. Please complete the registration form and return with payment.  
Registration Fee = \$245  
Mail registration form to:  
Showtime Sports, P.O. Box 578, Brookfield, WI 53008  
or register online at [www.showtimesportscamps.com](http://www.showtimesportscamps.com)  
and pay via credit card.

#### OFFICE USE ONLY

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

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

Payment Method: Check

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