

SHOWTIME SPORTS

Registration Form—Wisconsin H.S. Baseball Showcase

Location: Rock Sports Complex - Franklin, WI

SHOWCASE SELECTION

CIRCLE CHOICE: Showcase —June 24, 2019

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. _____

TWITTER HANDLE: _____

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

Fees Structure

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

Online at 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