

SHOWTIME SPORTS

Registration Form—Wisconsin H.S. Baseball Showcases

Location: Rock Sports Complex - Franklin, WI

SHOWCASE SELECTION

CIRCLE ONE: Showcase #1—June 25, 2018 Showcase #2—June 26, 2018
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 #1, Showcase #2 or both.
Fees are for one day only:

- 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
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