

**So Cal Cup V – Presented By Baseball Resource
Player Nomination and Registration Form
July 28 – July 29, 2007 @ Site TBA**

Players Full Name: _____ Date of Birth ____/____/____

Street Address: _____ City _____ State _____

Zip Code _____ E-Mail Address: _____

Home Phone Number: _____ - _____ - _____ Players Cell Number: : _____ - _____ - _____

Hat Size: M – L – XL – XXL Shirt Size: M - L - XL – XXL Bats Size: _____

Height: _____ Weight: _____ Bats: _____ Throws: _____

High School Name: _____ Primary Position: _____

Years of Varsity Experience _____ Awards/Honors: _____

Varsity Stats _____

GPA: _____ ACT/SAT Score: _____ Graduation Year: _____

2005/2006 Connie Mack /Summer Team/Scout Team (Circle One) _____

Reference (Scout/Coach) _____ Phone Number or email address: _____

60 Yd Dash Time _____ Date _____ Velocity (Pitchers Only!) _____ Date: _____

Release of Liability Information

I approve my child's participation at the Baseball Resource showcase event. I expressly represent to Baseball Resource that my child is in good health and physically capable of participating in any and all activities sponsored and associated with Baseball Resource. I authorize Baseball Resource or its representative to request and obtain emergency medical care/treatment for myself or my child as the circumstance may require and in connection with this authorization I hereby waive and release the right to authorize and give consent for the delivery of medical care/treatment, of whatsoever kind and nature, to my child. I understand that Baseball Resource, its staff members, associates, workers, and anyone associated with Baseball Resource is harmless and release them from any liability from injury as a result of my child's participation in any activity sponsored by Baseball Resource. This release of liability is based on the recognition that sport activities of any kind or nature clearly involves the risk of injury or hazards to the participants and spectators and I acknowledge that my child and I assume such risk when we participate in activities sponsored by Baseball Resource. It is understood that once a player signs this agreement and makes payment there will be no refund for any reason. By signing this agreement the parents and player agree to abide by all the above, and also agree to give Baseball Resource the right to talk to or release information to any or all college programs. Major League teams and scouts, and to put their child's profile/information on the Internet or in any Baseball Resource literature. You must sign below, or if under age 18, the parent or guardian of the participant must sign certifying that the above information has been read, complied with, and agreed to.

Parent or Legal Guardian Signature _____ Date _____ Fathers First Name: _____

Players Name (print) _____ Date _____ Mothers First Name: _____

Medical Information

Emergency Contact _____ Phone # _____

Is the participant taking any medication? (Yes/No) If yes, what? _____

How often is this medication taken? _____

What is the purpose of the medication? _____

Is the participant allergic to anything and what? _____

Are there any physical limitations, special circumstances, or other information we should be aware of?

Deadline to Register is July 15th, 2007. Players will be placed on each counties roster. Please enclosed this info sheet and check for the amount of \$75.00 for each player.

**Paid by: PayPal - Check – Money Order (Circle One)
FAX form to: 714-844-4726**

Make Checks payable to:
Baseball Resource
Please send the information to:
**Baseball Resource
P.O. Box 1239
Bellflower, Ca., 90706**