

**So Cal Cup VI – Presented By Baseball Resource  
Player Nomination and Registration Form  
July 26 – July 27, 2008 @ Gahr HS**

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: \_\_\_\_\_

2008 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 14th, 2008. Players will be placed on each counties roster. Please enclosed this info sheet and check for the amount of \$90.00 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**