

HP Showcase Tryouts
(Please Print Clearly)

Players Name _____
DOB & Age _____
Previous Team & age level _____
High School _____
Graduation Year _____
Last level played None Soph JV Varsity
Players Phone _____

Uniform Measurements: Jersey- Pants- Hat- # -

Positions

	Primary	Secondary	Occasional	Only
Pitcher				
Catcher				
1st base				
2nd base				
Short				
Third				
Outfield				

Parents Names _____

Home _____

Cell _____

Emails _____

Emergency Contact & number _____

I _____ hereby give consent for my child _____ to participate in baseball practices at the Hunter Pence Baseball Academy. I understand that injuries can occur during the participation of any sport. I hereby release and agree to hold harmless the Hunter Pence Baseball Academy for damages, personal injuries or otherwise to my child.

Parent or Legal Guardian: _____

Date: _____