



2014 Florida Registration

PERSONAL INFORMATION

Player name:			
Last University Attended:		Graduation Date:	
Date of Birth:			
Street Address:			
City / State / Zip:			
Email Address:			
Home Phone #:			
Cell Phone #:			
Emergency Contact:		Emergency Phone #:	

PLAYER DETAILS

HEIGHT:			WEIGHT:		
THROWS:	RIGHT	LEFT	BATS:	RIGHT	LEFT
POSITIONS:	1st CHOICE	2nd CHOICE	3rd CHOICE	BOTH	
REGISTRATION METHOD:	Online	Mail	At Site		

I understand and accept the condition that neither the Indy Pro Showcase, host cities, host facilities, professional baseball clubs/organizations, program associates, and/or coaches and volunteers will assume responsibility for any injury or accident incurred as a result of my participation. I am in good health and am able to participate within the physical demands of a vigorous athletic program.

PLAYER SIGNATURE

DATE