



# Minnesota H.S. Baseball Showcase SHOWCASE REGISTRATION FORM JUNE 23 & 24, 2010— Burnsville, MN

Showtime Sports, P.O. Box 578, Brookfield, WI 53008  
John Kelliher (414)315-0476 Bill Grams (920)759-0694

## PLAYER INFORMATION

NAME: _____	HOME #(_____) _____
STREET: _____	CELL #(_____) _____
CITY: _____	ST: _____ ZIP: _____
E-MAIL: _____	DATE OF BIRTH: _____
HEIGHT: _____ WEIGHT: _____	ACT: _____ GPA: _____
POSITION#1(Circle): 1B, 2B, 3B, SS, OF, C, P	POSITION #2: 1B, 2B, 3B, SS, OF, C, P
BATS (circle): Right Left	THROWS (circle): Right Left
HIGH SCHOOL: _____	YEAR OF GRAD. _____

## 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

*Please complete the registration form and return with payment of \$165.00 to: Showtime Sports, P.O. Box 578, Brookfield, WI 53008 or register online at [www.showtimesportscamps.com](http://www.showtimesportscamps.com) and pay via credit card.*

## OFFICE USE ONLY

Date Received \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Payment Method: Check

Payment Information: \_\_\_\_\_