



Minnesota H.S. Baseball Combine
COMBINE REGISTRATION FORM
JUNE 18 & 19, 2008 - Fort Snelling Complex, 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: _____
CITY: _____ ST: _____ ZIP: _____
DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____
ACT SCORE: _____ GPA: _____ CLASS RANK: _____
E-MAIL: _____
PRIMARY POS. _____ SECONDARY POS. _____
THROWS (circle): Right Left BATS (circle): Right Left
HIGH SCHOOL: _____ YR OF GRAD. _____
HIGH SCHOOL COACH: _____

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. If your request is received more than 21 days before your combine begins you will be charged an administrative fee of \$50. If a non-injury request is received less than 21 days before your combine 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 \$155.00 to: Showtime Sports, P.O. Box 578, Brookfield, WI 53008 or register online at www.showtimesportscamps.com and pay via credit card. The registration deadline is March 1, 2008. If you do not register by the deadline, your spot will be given to the next best player available!

OFFICE USE ONLY

Date Received _____
Amount Paid: \$ _____
Payment Method: Check
Payment Information: _____