



Wisconsin H.S. Baseball Showcase

SHOWCASE REGISTRATION FORM

JUNE 21 & 22, 2010— Kenosha, WI

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. _____
WIAA HIGH SCHOOL SEASON (Circle): Summer or Spring

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 \$175.00 to: Showtime Sports, P.O. Box 578, Brookfield, WI 53008 or register online at www.showtimesportscamps.com and pay via credit card.

OFFICE USE ONLY

Date Received _____

Amount Paid: \$ _____

Payment Method: Check

Payment Information: _____