

HOME PLATE BASEBALL

Please complete and bring this application form with you to your first lesson.

PERSONAL INFORMATION

Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone (_____) _____ - _____ Mothers / Fathers Cell Phone circle correct person (_____) _____ - _____

Email Address _____

Birthdate ____ - ____ - ____ Age _____ Grade _____ School _____

Summer Team _____ Coach _____

Parent(s)/Guardian(s) Name _____ Daytime Phone (_____) _____ - _____

HIGH SCHOOL PLAYERS INFORMATION

Height _____ Weight _____ Bats _____ Throws _____ Primary Position _____ Secondary Position _____

Your Cell Phone (_____) _____ - _____ Your Email Address _____

School _____ Coach _____

HS Coaches Phone (_____) _____ - _____ HS Coaches Email _____

Summer Team _____ Coach _____

Summer Coaches Phone (_____) _____ - _____ Summer Coaches Email _____

HIGH SCHOOL PLAYERS OPTIONAL INFORMATION

HS Graduation Year _____ HS GPA _____ ACT/SAT Score _____

Yes, it is OK to share my personal information with others such as college coaches, etc.

No, it is not OK to share my personal information without my consent on a case by case basis.

REQUIRED INFORMATION

I give my permission for my child to participate in the Home Plate Baseball training sessions knowing that it will contain vigorous activity that could lead to injury. I hereby authorize the directors of Home Plate Baseball to act for me according to their best judgement in any emergency requiring medical attention. I know of no medical or physical problems which affect my child's ability to safely participate in these sessions. I hereby waive and release Home Plate Baseball.

Parent/Guardian Signature _____ Date _____