

SHOWDOWN IN THE MOUNTAINS
SHOWCASE REGISTRATION
JULY 17, 2020

First: _____
Last: _____
Age: _____
Last Grade Completed: _____

Street Address 1: _____
Street Address 2: _____

City: _____
State: _____
Zip Code: _____

Phone: _____

Email Address: _____

High School : _____

GPA: _____
SAT: _____
ACT: _____

Class Rank: _____ out of _____

Primary Position: _____
Other Positions: _____
Bats: _____
Throws: _____

Team Name _____
Height: _____
Weight: _____

I understand that there are risks with participation in the Baseball Showcase. I release and discharge WV Patriot Baseball and Showdown in the Mountains from any and all actions, suits and demands whatsoever in law and equity, including but not limited to the risk of injury from participating in this program. In the event of a medical emergency, I authorize any staff member to seek medical treatment for my child. I certify that my child is in good health and able to participate in all activities. I understand that I must also provide my own medical insurance. By submitting this registration I agree that I have read, understand, accept and abide by the terms and conditions of the Baseball Showcase.

Participant Signature

Date

COST = \$25

CHECK MADE PAYABLE TO : WV PATRIOT BASEBALL

MAIL TO: WV PATRIOT BASEBALL
10 LEE ANN LANE
BRIDGEPORT, WV 26330