



Select Team Player Profile

PLAYER INFORMATION

Player's Full Name _____ Grad. Yr. _____

High School / College _____

HT _____ WT _____ Date of Birth _____ Bats: _____ Throws: _____

Permanent Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Players Cell Phone _____

Players E-Mail _____ GPA _____ SAT or ACT _____

Parents Names _____

Players E-Mail _____ Parents Cell Phone _____

ISURANCE INFORMATION (Primary)

Name of Insured _____

Policy Holder _____

Address _____ City _____ Zip Code _____

Home Phone _____ Insurance Carrier _____

Policy or Group # _____ Phone _____

In case of emergency, call (1) _____ Phone _____

Relationship to Player _____

In case of emergency, call (2) _____ Phone _____

Relationship to Player _____

Parent Signature _____ Date _____