



**SEMINOLE STATE COLLEGE  
RAIDER BASEBALL  
2009 SHOWCASE**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PARENT NAME: \_\_\_\_\_

EMERGENCY CONTACT NAME/NUMBER: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ COACH: \_\_\_\_\_

SUMMER/FALL TEAM: \_\_\_\_\_ COACH: \_\_\_\_\_

PRIMARY POSITION: P C 1B 2B 3B SS OF SECONDARY POSITION: P C 1B 2B 3B SS OF

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BATS: RH LH SW THROWS: RH LH

GLASSES: YES NO CONTACTS: YES NO GPA: \_\_\_\_\_ SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

PREVIOUS INJURIES: \_\_\_\_\_

I do hereby approve of my son's participation in the High School Prospect Showcase on Nov. 21, 2009, at the Seminole State College Baseball Complex. I certify that my son is in good health and able to participate with no limitations. In the event that a medical emergency occurs and I am not on the premises, I give my permission to secure medical attention. Also, I do hereby release Seminole State College of Florida and all staff of liabilities due to injury or illness.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_



**Cost: \$50.00**

**Send checks to:**

**Seminole State College  
Attn: Chris Hayes, Head Baseball Coach  
100 Weldon Blvd.  
Sanford, FL 32773**

Please make checks payable to Seminole State College of Florida.

For more information, e-mail Head Coach Chris Hayes at [hayesc@scc-fl.edu](mailto:hayesc@scc-fl.edu), or call at **407.708.2132**.

The Showcase starts at 10 a.m. on Saturday, Nov. 21, 2009.

Please arrive early for registration.

Players should wear full baseball attire and are responsible for their own equipment.

