



**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, 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.

