

2011 Shawnee State University Baseball Spring Prospect Showcase

Shawnee State University Baseball will conduct a showcase on Sunday, May 22nd at Branch Rickey Park in Portsmouth, OH. The cost will be **\$60** for all individual players. We do offer team rates. Please call for details. This showcase is intended for all interested players between the ages of 15-21 years old. The following is the itinerary for the showcase.

<u>Time</u>	<u>Agenda</u>
9:30	Position players report/Registration
10:00	Begin stretching
10:15	Begin pro-style workout
11:15	Position breakdown
11:35	Hit
12:15	Pitchers report/Registration
12:35	Introduction to SSU Baseball/Campus Tour/Weight Room Orientation
2:15	Position players are dismissed/Pitchers throwing program
2:40	Flat ground work/Position breakdown
2:55	Live throwing/Position breakdown

****Schedule subject to change depending upon number of attendees. Registration begins at 9:30 regardless.****

Please cut and return to the address listed below along with a player profile form.

Application Form

Name: _____ **Address:** _____
Home Phone: _____ **Cell Phone:** _____
Email Address: _____ **High School:** _____
Height: _____ **Weight:** _____ **B/T:** _____ **Primary Position:** _____ **Other Position (s):** _____

ACADEMICS:

High School GPA: _____ Class Rank: _____ SAT Scores: _____ ACT Scores: _____

Possible Major: _____ Grad Year: _____

Future Plans: _____

HAVE YOU FILED FOR FEDERAL OR STATE FINANCIAL AID? YES / NO

IF NO, PLEASE CHECK WITH YOUR GUIDANCE COUNSELOR.

Payment Method

Please send a check to the address below by May 17th. Make checks out to **SSU Baseball**. All Payments made to Shawnee State are non-refundable.

Shawnee State University Baseball
940 2nd Street
Portsmouth, OH 45662

AGREEMENT: I the parent/legal guardian/participant understand that enrolling for a Shawnee State University league/camp/clinic/practice time are enrolling at his/her/my own risk. Shawnee State University, its owners, employees, agents, contractors shall not be liable for any damage whatsoever involving personal injury or property that is lost, stolen, or damaged by participant and his/her/my family in or about any programs in the facility. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully release and forever release, discharge and hold harmless Shawnee State University, all its owners, employees, agents, contractors from any and all claims, demands, damages, rights of action, present or future resulting or arising out of any person's participation in any programs or use of the facility. In addition, he/she/I agree(s) to follow the rules of play and conduct set by Shawnee State University. He/she/I understand that failure to follow set rules may result ins suspension from participation.

CONSENT: I, the parent of/ guardian of/ participant hereby verify that are in good health and assume the health responsibility for the participant and do hereby grant authority to the staff of Shawnee State University to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize Shawnee State University and its assigns to utilize any and all photographs, pictures or other likeness of me as they deem appropriate in its promotional materials.

Player's Name

Parent/Legal Guardian

Team Name

Home Phone

Address

Cell Phone

City/State/Zip

Email Address

_____ **M F**
Date of Birth/Sex

Emergency Contact Name/#

Parent/Legal Guardian's Signature
(if the player is 18 years old or younger)

Date