



Player Information Sheet & Parent Waiver

Player Name _____ School _____

Player Home Phone _____ Player Alternate Phone (Cell) _____

Player Address _____

City / State / Zip _____

College Signed With _____ Baseball Student Other _____

Jersey Size M L XL XXL Hat Size (Flex Fit) M L XL XXL

Number Preference (Top 3 – No Guarantees) ____ / ____ / ____

Bats (L/R/B) _____ Throws (L/R) _____

Primary Position _____ Secondary Position _____

In order to save postage and time, an electronic signature is being utilized. Your typed name will be used in place of a written signature.

Commitment to Play

I have committed to participate in the MHSBCA Senior All-Stars. I understand that I owe the MHSBCA \$40 for the cost of my hat, jersey, and insurance payable by cash, check, or money order the day of the Senior All-Stars.

Parent or Player signature _____ Date _____

Medical Release

I hereby authorize all organizers of the MHSBCA All-Stars Series to act for me according to their best judgment in any emergency situation requiring medical attention. A recent physical examination for my son indicates no reason why he should not participate in this all-star game.

Parent Signature _____ Date _____

Emergency Phone _____