



**Atlantic Cape Buccaneers Baseball
2020-21 Fall Showcase
Registration Form**

PLEASE PRINT CLEARLY

Name: _____

E-mail: _____ Phone: _____

High School: _____ Grad Year _____ GPA _____

Favorite Subject(s): _____

Height: _____ Weight: _____ Throws: R/L (circle one) Bats: R/L/B (circle one)

Favorite Position(s): _____ Position in batting order: _____

Strengths
As a Player: _____

Things to
Work on: _____

Waiver and Release

As a participant in the Fall 2020-21 Atlantic Cape Buccaneers Baseball Showcase, I hereby, with full knowledge and understanding, assume any and all direct or indirect risks and liabilities associated with any injuries or illnesses, mental or physical, suffered by me during my participation in this showcase and related activities. As a condition of admittance, I hereby release and hold harmless Atlantic Cape Community College, any and all persons or entities affiliated therewith, and any coaches or instructors from such liabilities.

PARTICIPANT'S SIGNATURE

PARENT/GUARDIAN (If under 18)

SIGNATURE _____ Date: _____

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This section to be completed and signed by your High School's Athletic Director or representative

_____ (name of Student/Athlete) is hereby allowed to participate in this Showcase and has received a physical examination administered by a qualified healthcare professional within the last 12 months.

Signed: _____ Date: _____

Name: _____

Title: _____
Athletic Director (or Representative)

Please complete this form and return it to Coach Rosica at: brostica@atlantic.edu