

BOOKS AND BASEBALL PROSPECT SHOWCASE

GENERAL INFORMATION

Name of Player (First, Middle Initial, Last) _____

Street Address _____

City/State/Zip Code _____

Home Phone: _____

Alternate Phone: _____

Date of Birth: _____

Name of School: _____

Grade Level: _____

Primary Position: _____

Height: _____

Weight: _____

Name of Parent/Guardian (First, Middle Initial, Last) _____

Relationship _____

Contact Number _____

E-mail(s): _____

MEDICAL INFORMATION

Physician Name: _____

Phone: _____

Healthcare Provider: _____

Phone: _____

Insurance/HMO: _____

Does your child have any physical limitations, allergies, health conditions, etc. ? Yes _____ No _____

Child's Name (Print): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Please Print and Mail this registration form and check payable to:

St. Frances Academy

ATTN: BRIAN BOLES

501 E. Chase St.

Baltimore, MD 21202