

GEORGIA SHOWCASE BASEBALL & UTOPIAN STUDENT TRAINING PROGRAM

1677 Forest Parkway Suite B; Lake City, GA 30260

(678)469-5994

showcasebaseball.georgia@gmail.com

Student Player Registration Form

Player Name: _____

Date of Birth: _____ Age: _____ Grd: _____

Parent(s)/Caregiver Name: _____

Tel: _____ Email: _____

Parent(s)/Caregiver Name: _____

Tel: _____ Email: _____

Emergency Contact Name: _____

Tel: _____ Tel: _____

#1 Person authorized to pick up student:

_____ Tel: _____

#2 Person authorized to pick up student:

_____ Tel: _____

Please sign and return Georgia Showcase Baseball Liability Waiver Form (See form)