

BOYS OF BASEBALL - NATIONAL TRAVEL TEAM

Application Form

Player Name: _____ Birthdate: _____

Address: _____
Street City, state, zipcode

HS Graduation Year: _____ GPA: _____ Name of School: _____

Parent(s): _____ Academic Honors: _____

Phone (H): () _____ Cell: () _____
(W): () _____ e-mail: _____

Height: _____ Weight: _____ Bats: _____ Throws: _____

L R S

L R

Position: Primary: _____ Secondary: _____ Other: _____

References :

Baseball Honors:

Name/Title: _____

Organization: _____

Address: _____

Phone: _____

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Player Profile Statistics (If Available)

Running Times:

Home-to-First: _____ 40 Yd. Dash: _____ 60 Yd. Dash: _____

Arm Strength (Jugs - mph):

Pitchers: _____ Fielders: _____

Catchers (Full Gear):

Throwing

Glove-to-Glove "Pop" Times: _____ Distance (Bases): _____
60' 70' 80' 90'

Hitting Statistics:

Pitching Statistics:

AB ___ H ___ Avg. ___ RBI ___ HR ___ G ___ IP ___ W-L ___ ERA ___ SO ___ BB ___

Medical Authorization and Liability Waiver: I/we authorize any medical treatment believed necessary for my/our son in the event of an injury incurred while travelling with, or playing with, the **Boys OF BASEBALL - NATIONAL TRAVEL TEAM**. I/we also agree to release and hold harmless said team and personnel from any expenses incurred, loss or injury which may result from team involvement and/or activities.

Player signature/date

Parent signature/date