



COLLEGE WORLD SERIES – PLAYER APPLICATION

June 17th – 21st

Deadline for filing application: May 17th

Name:			
Address:		City:	
State: Zip:		Phone:	
D.O.B	Age	HT: WT:	
Email:	Par	rents Name:	
Position (s):	High School:		
Grad Year:	College into	erested in attending:	
Hat Size: Shirt	Size:	Pants Size:	
_		Summer Camp Weekly Fee: \$500.00	
		======================================	
*Emergency Contact:		*Emergency Contact 2:	
*Emergency Phone #:		*2 nd Emergency Phone #:	
		check or money order payable to: PRoBASEBALLUSA A, PO BOX 2137, Cayey, Puerto Rico 00737	
RELEASE OF LIABILITY\C	ONSENT		

I hereby permit my child to participate in PRoBASEBALL College World Series and by execution of this release; I acknowledge & agree that all requirements & standards set by the directors of this program shall be established for the participants benefit. I also give my permission & authorize PROBASEBALLHS to act on my behalf in the event emergency medical attention is required. I hereby waive & release PROBASEBALLHS from liability arising from my child's participation at the High School & I know of no mental or physical problems which might affect my child's ability to safely attend PRoBASEBALL College World Series. I acknowledge that the PRoBASEBALLHS, its school board, and its employees shall be immune from civil liability for injuries resulting from baseball camps, practices, games or while the students are being transported to destinations PRoBASEBALL College World Series uses for its operations in accordance with this consent form; the student himself should have insurance of his own to cover any expenses he may have during the school's year events including summer camps. Also, I am aware that my son will appear on photos or videos representing PRoBASEBALL on its website for his (the player) future of college baseball recruitments.

Parent\ Guardian Signature:	Date:	