



**Registration Form – JUCO Baseball Showcase**

Name \_\_\_\_\_ Age \_\_\_\_\_ Pos \_\_\_\_\_ HT \_\_\_\_\_ Wt \_\_\_\_\_

Bats - R L S Throws - R L

Home Phone ( ) \_\_\_\_\_ Cell Ph. ( ) \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduation Date \_\_\_\_\_ High School \_\_\_\_\_ HS Coach \_\_\_\_\_

Parents Name(s) \_\_\_\_\_ Ins. Policy/Number \_\_\_\_\_

Waiver: Juco Showcase is very active. All accepted methods of instruction and safety will be observed. In return we ask that all campers have adequate accident insurance coverage. I agree to waive all liability from South Georgia State College and all instructors in case of injury.

Waiver Signature \_\_\_\_\_

**Please make checks payable to: Jeff Timothy**

***\*Note: All checks will be deposited once received in order to hold your spot.***

**There is a no refund policy.**

**Return to:**

**Jeff Timothy  
SGSC Baseball  
100 West College Park Dr.  
Douglas, Georgia 31533**