



**SEMINOLE COMMUNITY COLLEGE  
RAIDER BASEBALL  
2009 SHOWCASE**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_ PARENT NAME \_\_\_\_\_

EMERGENCY CONTACT/NUMBER \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ COACH \_\_\_\_\_

SUMMER/FALL TEAM \_\_\_\_\_ COACH \_\_\_\_\_

PRIMARY POSITION P C 1B 2B 3B SS OF SECONDARY POSITION P C 1B 2B 3B SS OF

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BATS RH LH SW THROW RH LH

WEAR GLASSES YES NO CONTACTS YES NO GPA \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

PREVIOUS INJURIES \_\_\_\_\_

I do hereby approve of my son's attendance at the SCC Baseball Showcase on May 2nd, 2009 at the Seminole Community College Baseball complex. I certify that my son is in good health and able to participate with no limitations. In the event that a medical emergency occurs and I am not on the premises, I give my permission to secure medical attention. Also, I do hereby release SCC and all Showcase staff of liabilities due to an injury or illness.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_



**Cost: \$50.00**

**Send checks to:**

**Seminole Community College  
Attn: Chris Hayes, head baseball coach  
100 Weldon Blvd.  
Sanford, FL 32773**

Make checks payable to "SCC Foundation."

For more information, Email Head Coach Chris Hayes at [hayesc@scc-fl.edu](mailto:hayesc@scc-fl.edu), or call at **407.708.2132**.

Showcase starts at 12:00 P.M. Saturday, May 2nd, 2009

Please arrive early for registration.

Players should wear full baseball attire and are responsible for their own equipment.

