



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 since we are limiting our numbers.***

There is a no refund policy.*

Return to:

**Jeff Timothy
SGSC Baseball**

**100 West College Park Dr.
Douglas, Georgia 31533**