

2017 Florida Minor League Camp Info Sheet

Personal information

Player name: _____

Last College/Pro Team and year:

Date of Birth: _____

Street Address: _____

City/State/ Zip: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact and phone Number: _____

Player Details

Height/Weight _____

Throw: L R Bats L R B circle one

Position: 1st choice 2nd choice _____

I Understand and accept the condition that neither the Florida Minor League camp or Pro-Taught, Inc, host cities, host facilities, professional baseball clubs/ organizations, programs associates, and/or coaches and volunteers will assume responsibility for any injury or accident incurred as a result of my participation. I am in good health and able to participate within the physical demands of a vigorous athletic program.

_____ 2016 Florida minor League camp Participant