



Players' Dugout Player Profile

First _____ Mi _____ Last _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

E-mail _____ Parent E-mail _____

Birthday _____ Gender: male female

Summer League _____ School _____

Throws: right left Bats: right left both

Position _____ Shirt Size _____

Height _____ Weight _____

Medical Waiver

Condition of Application (Applications void without signature below):

I/We, being the parents and/or legal guardians of the applicant, authorize the staff of The Players' Dugout, Inc. and its agents to act for the above named applicant according to their best judgment in any emergency requiring medical attention and, hereby, waive and release The Players' Dugout, Inc., its officers and its staff members from any and all liability for any injuries or illness incurred for the above named applicant while participating in any Players' Dugout Baseball or Softball Training Program. Further, I/We claim that the registrant has had a physical examination in the past year and has been found fit for all physical endeavors.

Signature of parent and/or guardian: _____

Date: _____