

2017 All-Star Showcase Registration Form

Entry Fee Must Accompany this Entry Form

Statesboro, GA
January 21 & 22, 2017
On the campus of
Georgia Southern University

Player Name: _____

Player Address: _____
Mailing Address City State Zip

E-Mail Address: _____

Phone Number: _____ Cell Phone: _____

High School Name: _____

Circle your Graduation Year: 2017 2018 2019 2020 2021 Circle T-Shirt Size: Small Med Large XL

Current Travel Team: _____ State _____

Position: 1st Choice _____ 2nd Choice: _____ 3rd Choice _____

Prioritize the positions you wish to play in the event. Please be specific. Everyone must understand that not everyone will be selected to play their first choice of positions. There is a selection process we go by for placing all players. You should be ready, willing and able to play any of the three choices you write down. If you are not, then let us know in advance. For pitchers ONLY, if you are a pitcher only, then please specify that by writing P, P, P in all 3 choices. If you are not chosen, then you will be placed on a waiting list.

Reference: Please provide a reference who can verify your ability

Name: _____ How does this person know you? _____

Phone: _____ E-mail address: _____

Personal Statement: I understand the policies and procedures as outlined on the web site as they pertain to the selection process and cancellation. I have read these policies and agree to abide by them for my involvement in this event. I realize that there are inherent dangers in all sports and that I will not hold the administrators and officers of the South Georgia Softball, GSU, the Softball Showcase or the Angels organization liable in the event an injury occurs in the course of play or while I attend and participate in this event. I understand that my responsibilities in the recruiting process and that my personal contact with colleges of my interest is required. I understand that if I am selected, I will be prepared to play the position assigned and that I will prepare myself in advance to play that position. I also understand that the entry fee is non-fundable once I am accepted to the event. I understand this event is being held as a fundraiser for the Angels Gold.

Insurance Waiver: By signing below I am stating that I have personal injury and liability insurance that will cover me while I am participating in the All Star Event.

Player/Parent/Guardian signature: _____ Date: _____

By signing above I am stating that I have read all of the policies and guidelines outlined above and on the web site.

_____ I can **NOT** play on Saturday. I will be playing on a "Sunday Only" Team. (check only if this applies to you)

Checks and money orders should be made payable to South Georgia Softball. Call for credit card or paypal payment information (fees will apply)

Mail Form & Payment to: South Georgia Softball
116 Lakewood Drive E-Mail - sgasasoftball@aol.com
Guyton, GA 31312

\$150.00 Entry Fee Must Accompany Application

Deadline to enter is January 10, 2017