

Mail to:
Drew Pearce
Baseball Office
1400 Washington Ave
PE Bld. Suite 123
Albany, NY 12222



UALBANY

BASEBALL

UALBANY BASEBALL PROSPECT SHOWCASE

**Varsity Field
June 10th @ 12pm
Cost - \$100**

MAKE CHECKS PAYABLE TO KENNETH PEARCE

Name_____ Age_____ Position(s) _____/_____

Height_____ Weight_____ Bats_____ Throws_____

E-Mail_____ Current School_____

Address_____ Graduation Year_____

City_____ Zip_____

Phone Number_____ Cell_____

Parents or Legal Guardians Name_____

Emergency Contact Number_____

Emergency Contact Name_____

Relationship_____

Medical Waiver:

As the parent/guardian of the participant in the UALBANY BASEBALL PROSPECT CLINIC, I certify that he/she is in excellent physical health and capable of participating in any strenuous activity. I hereby give my approval to his/her participation at the baseball clinic. In case of injury to my child, I agree to waive all claims resulting from or in connection with the activities my child is a participant. I hereby release, absolve and hold harmless the University at Albany, the baseball coaching staff, sponsors and supervisors from any such claim. In the event of an emergency, I hereby give permission for a representative of the clinic to transport my child if necessary for medical attention.

Signature Parent/Guardian_____