

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



UALBANY

BASEBALL

UALBANY BASEBALL PROSPECT SHOWCASE

Varsity Field
August 25th or 26th 11AM
COST - \$125

MAKE CHECKS PAYABLE TO JEFF KAIER

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 _____