



**SOUTHERN CALIFORNIA
RANGERS BASEBALL CLUB
PLAYER APPLICATION
FALL, 2008**



PERSONAL INFORMATION:

Player name: _____

Address: _____

City: _____ Zip: _____ Date of Birth: _____ Age: _____

Home Phone: _____ Player Cell #: _____

Parent's names: (Mom) _____ Cell #: _____

(Dad) _____ Cell #: _____

E-mail address: _____

PLAYER INFORMATION:

Primary position: _____ Secondary position: _____

Bats: _____ Throws: _____ Height: _____ Weight: _____

Batting average from last season: _____ Pitchers ERA: _____

SCHOOL INFORMATION:

High School Name: _____ City: _____

Current Grade (Circle one of the following): **Sophomore** **Junior** **Senior**

Coaches name: _____ Phone #: _____

Waiver Release:

I release the So Cal Ranger Baseball Club and all participating parties of all legal and/or financial obligations as a result of any injury or accident. I also give members of the So Cal Rangers Baseball Club permission to obtain the necessary treatment for the player listed above in case of any medical emergency. I also hereby agree to take proper care of the uniform and such other equipment issued to me by the So Cal Rangers and to return it to the team manager or head coach at the end of the playing season, upon self termination of the team or when requested by the So Cal Rangers. **PARENT'S INITIAL:** _____

Player Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

** For additional information please contact: Carlos Cardoza, Team Business Manager: 951-235-4312*