

**Elite Baseball, LLC**

***2024***

***Elite Baseball Summer Ball – St. Thomas More /Elite Cougars***

***Player Profile***

***Player Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_ Grade in Fall 2024 \_\_\_\_\_\_\_***

***Player Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_***

***Parent Info: Mom Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Player Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Insurance Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Player Info:***

***GPA: \_\_\_\_ ACT/SAT \_\_\_\_\_\_\_\_ Schools of Interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Bats R/L/S \_\_\_\_\_\_ Throws R/L \_\_\_\_\_\_ Shirt Size YXL-Ad XXL \_\_\_\_\_\_ Hat S/M or M/L \_\_\_\_\_\_***

***Cost:*** $650/player***:***

Elite Baseball, LLC does not provide accident or medical insurance for program participants. I recognize that participation in Elite Baseball, LLC sponsored activities may expose my child to risk of injury. I agree to hold Elite Baseball, LLC. harmless from any claims, which may occur through participation in any Elite Baseball, LLC program. In case of emergency or accident and I am unable to be contacted, I hereby grant Elite Baseball, LLC or his/her agent/coach to secure proper medical treatment and transportation for my child to an appropriate facility for treatment. I have read and understand the above information. My child has my permission to participate in Elite Baseball, LLC. sponsored programs in accordance with the conditions set forth.

*Printed Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Elite Baseball, LLC. ***225-223-4820 –*** [***www.roosterselitebaseball.com***](http://www.roosterselitebaseball.com) ***– 5295 Timber Cove Street, Baton Rouge, La. 70808***