

Austin Slam Baseball

Player information sheet

Date: _____

Player's Name: _____
Last First Middle

Address: _____
Street City Zip

Date of Birth: ___/___/___ High School: _____ Graduating Yr. _____

High School Coach: _____ School Phone: _____

School Counselor: _____ Phone: _____

Have you completed your Clearinghouse paperwork? (yes) _____ (no) _____

PSAT Score _____ SAT Score _____ ACT Score _____ GPA _____

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

Positions you play at high school: (1) _____ (2) _____

Preferred Positions: (1) _____ (2) _____ (3) _____

Additional information you feel we need to know: (Medical concerns, vacations, etc.) _____
