

**2020 JOPLIN OUTLAWS Collegiate Baseball Club
Player Commitment and Information Form
(Please print)**

PERSONAL INFORMATION

Player Name: _____ Email: _____

Player's Cell Phone: _____ Text Messaging: Yes or No

Home Address: _____

City: _____ State, Zip: _____

Parents / Guardians Name: _____ Home Phone: _____

Address (if different from own): _____

City: _____ State, Zip: _____

Father's Cell: _____ Mother's Cell: _____

Parent's Email: _____ Misc: _____

MEDICAL INFORMATION (Enclose a copy of your health insurance card)

Health Insurance Information: _____

Any Allergies, Medical Conditions or Previous Surgeries: If yes, describe: _____

Taking any Prescription Drugs: _____

SCHOOL / BASEBALL INFORMATION

College (2019/2020 season): _____

City / State: _____ (Circle) Year Completed: Fr So Jr Sr

College Major: _____ Minor: _____

Head Coach: _____ Phone: _____

Asst. Coach: _____ Phone: _____

Position(s): _____ (Circle) Bat: L R Throw: L R

Have you been drafted in the past Yes _____ No _____

If so, by who, year and round: _____

I understand that by signing this document I am committed to the JOPLIN OUTLAWS Baseball Team for the 2020 summer season. I will sign no other commitment forms for the summer season and I will conduct myself in a professional manner as per the requirements of the Joplin Outlaws Code of Conduct. I understand this is a direct offer from the Joplin Outlaws Collegiate Baseball Club to fill a spot on the 2020 roster. I understand there is a \$700.00 player fee. A non-refundable \$50.00 deposit is to be sent in with the player contract. The balance of \$650.00 is due by the start of the season. I, in good faith, agree to pay this fee by June 1, 2020.

Players will be informed of the reporting date. As part of my commitment to the program, I will be required to assist in Joplin Outlaw's camps and other promotional and community activities. I understand that all uniforms and equipment are property of the Joplin Outlaws. I will be financially responsible for any items not returned to the Joplin Outlaws.

For more information about the program, check our website: www.joplinoutlaws.com

If you are injured during the season and will be unable to play, you must contact the Outlaw coaching staff as soon as possible so that a replacement player can be recruited in your place.

Player Signature: _____

Date: _____

PLAYER INFORMATION FORM
(Continued)

Player Name: _____

Height: _____ Weight: _____ Birthday: _____ Age: _____

Fitted Cap Size: _____ Shirt Size: _____ Pant Size: _____ Short Size: _____

Yearly Stats: AVG: _____ RBI'S: _____ HR: _____ 2B: _____ 3B: _____ SB: _____

Yearly Pitching Stats: W: _____ L: _____ ERA: _____ SO: _____ BB: _____

College Awards, Academic and Baseball Achievements and/or Designations:

IN CASE OF AN EMERGENCY CONTACT:

Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

OTHER INFORMATION

Will you be (check one): Flying _____ Driving _____

Will you need a host family? Yes _____ No _____

Are you interested in a summer job?" Yes _____ No _____

MISC. INFORMATION:

Information Below to be completed by JOPLIN OUTLAWS Front Office staff:

\$ 50.00 Player Deposit: \$ _____ Date Paid: _____ Method of Payment: _____

\$700.00 Player Registration: \$ _____ Date Paid: _____ Method of Payment: _____

Copy of Health Insurance on File: _____

MAIL COMPLETED CONTRACT, INFORMATION SHEET & REGISTRATION FEE TO:

MARK RAINS, GM

JOPLIN OUTLAWS COLLEGIATE BASEBALL CLUB

5860 N PEARL JOPLIN, MO 64801

Host Family Name: _____ Host Family Phone: _____

Host Family Address: _____ Host Family Cell Phone: _____