



**David Pankenier**  
480- 225-2368  
Building Baseball Careers  
1071 West Folley Street  
Chandler, AZ 85224  
**Dave@BBCBaseball.com**

## Player Information Sheet

**THIS SHEET MUST BE COMPLETELY FILLED OUT! PLEASE PRINT CLEARLY**

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
# street \_\_\_\_\_  
City State Zip

E-Mail \_\_\_\_\_

Best phone \_\_\_\_\_ (Number you can be reached during the summer)

School Attending in 2007 \_\_\_\_\_ / \_\_\_\_\_  
Baseball Coach Name \_\_\_\_\_

Positions Played \_\_\_\_\_ / \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ (1) DOB \_\_\_\_\_ (2) Bat/ Throw \_\_\_\_\_

2007 Summer Baseball Team \_\_\_\_\_  
(Indicate Team Name, City, State, League)

## INSURANCE WAIVER AND EMERGENCY CONSENT FORM

Due to rising costs, all players must provide their own accident insurance coverage for any injury or sickness incurred while participating with Building Baseball Careers. I hereby give permission for emergency medical treatment in the event of injury or sickness. This also assures that I waive and release Building Baseball Careers from any and all liability or illness incurred going to or from a Building Baseball Careers related activity.

I understand that BBC personnel may take videos and/or photos at BBC events (e.g., clinics, camps, games, etc.). By signing this form & participating in these events, I am giving BBC permission to use, without charge, & for BBC purposes (e.g., web site, etc.), any video and/or photos in which I may appear.

Parent / Legal Guardian Name \_\_\_\_\_  
( if under 18 years of age)

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

If the above private insurance information is not fully completed you are NOT eligible to participate in Building Baseball Careers Events.