



**Gershkoff Auto Body Auburn Post 20 Senior/Junior American Legion Teams**  
**& 15 U Baseball Club**

Player: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Email \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell No \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Primary Positions: \_\_\_\_\_ Bats: \_\_\_\_\_ Throws: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Uniform Number \_\_\_\_\_

High School \_\_\_\_\_ Grade \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Do You Play a Fall Sport? \_\_\_\_\_

College If Applicable \_\_\_\_\_ Potential College Fall 2019 if applicable \_\_\_\_\_

Do you plan to play college baseball ? Yes \_\_\_\_\_ No \_\_\_\_\_

Interest in the following Please check off: Winter Workouts \_\_\_\_\_ Fall Baseball \_\_\_\_\_

If applicable would you like me to contact college coaches \_\_\_\_\_ If yes, please specify which schools to contact

\_\_\_\_\_

Allergies/Additional Info \_\_\_\_\_

**PLEASE LIST ANY TIMES YOU KNOW YOU WILL NOT BE AVAILABLE TO PLAY THIS SUMMER AND REASON WHY SO WE CAN PLAN ACCORDINGLY!!!**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_