Daytona State College Showcase
Sunday December 7, 2014

The “December 7th 2014 Winter Showcase” is a great opportunity for high school players in grades 10-12.

Participants will showcase their talents in front of the Falcon coaching staff, receive a tour of the facilities and learn about life as a member of the Falcon Baseball Program.

Showcase Agenda
9:30-10am - Player Registration.
   1. Recruiting Talk/Tour of our Facilities
   2. Stretch/Warm Up
   3. 60 yard dash
   4. Infield/Outfield
   5. Batting Practice
   6. Catchers Pop times
   7. Pitchers Throw Bullpen
   8. Wrap-up

Showcase Requirements
- Players must bring a completed Daytona State liability waiver, and a copy of a sports physical performed within the last year – stating the participant is cleared to play sports.

Registration
- Email or fax (386-506-4485)
  Coach Reilly a completed prospect form to Pre-Enroll
- Bring completed liability waiver day of camp.
- Pay day of camp ($75 cash only per player)
- Walk-ups will be accepted

If you have any questions regarding the prospect showcase please contact:
Chris Reilly – Camp Coordinator
reillyc@daytonastate.edu
Phone - 386- 506-3355
Fax – 386-506-4485
## Personal Information:
<table>
<thead>
<tr>
<th>Name:</th>
<th>Date Of Graduation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email:</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daytona State College (CARSID #):</td>
</tr>
</tbody>
</table>

## Family Information:
- Father’s Name: 
- Mother’s Name: 
- Father’s Occupation: 
- Mother’s Occupation: 
- Father’s Cell: 
- Mother’s Cell: 
- Father’s Home: 
- Mother’s Home: 
- Siblings (Age): 

## Home Address:
<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

## Academic Information:
- High School: 
- City: 
- State: 
- G.P.A: 
- Interested Major: 
- College Attended: 
- G.P.A: 
- SAT: Critical Reading: 
- Math: 
- Writing: 
- Total: 
- Date of Test: 
- ACT (Composite Score): 
- Date of Test: 

## Baseball Information:
- Position: / Summer/Fall Team: 
- Bats: 
- Throws: 
- 60Yard Run: 
- Pitcher FB Velo: 
- Height: 
- Weight: 
- High School Coach: 
- Phone Number: 
- Scout Team: 
- Coach: 
- Phone Number: 
- Other Sports: 

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### DECEMBER 7, 2014 - WINTER SHOWCASE
### DAYTONA STATE COLLEGE BASEBALL

**Mid Florida Champs**

**State Tournament Appearances**

**Team GPA of 3.0+**
- 2003 - 2014

**NATIONAL ACADEMIC TEAM OF THE YEAR**
DAYTONA STATE COLLEGE
Department of Athletics

Waiver of Liability for Unsigned Participants
(Try-out participants, recruits, visiting practice players)

I _______________________________, acknowledge that my participation in all types of activities with the Daytona State College _______________________________ Team is completely voluntary.

I acknowledge that I am completely aware of the inherent risks (physical, non-physical) associated with participating in these activities and hereby waive, release, and discharge DSC and its employees, departments, and agents, including the DSC Athletic Training program, its physicians and Athletic Training staff (ATCs, SATs, and intern), the inviting DSC intercollegiate team (coaches, support staff, and players), and the DSC Athletic Department, from any and all liability and responsibility for any injury that may occur as a result of my participation. I accept full responsibility, and will NOT hold DSC responsible for any worsening of pre-existing injuries, injuries sustained during, or injuries resulting from my athletic participation.

I acknowledge that I am in adequate physical condition, capable of competing with college level athletes. Additionally, I acknowledge that I have no known physical conditions (injuries, illnesses), which could be worsened through my participation, unless otherwise described below:

______________________________________________________________________________________________

______________________________________________________________________________________________

I fully understand that DSC Athletics and/or the Athletic Training staff may prevent me from participating due to medical reasons. I also understand that any pre-existing medical conditions may have to be cleared by the DSC Athletic Training staff prior to my participation, regardless of activity. Additionally, all costs associated with medical consultations, diagnostic tests, procedures, and/or medications necessary to gain approval from DSC to participate without limitations, are the sole responsibility of myself, and/or my parent(s)/guardian(s).

I further acknowledge that I am signing this waiver voluntarily and with complete understanding of its terms and conditions.

Student athlete signature ___________________________ Date __________

SSN ___________________________ Date __________

Parent/guardian signature (if under 18 years old) ___________________________ Date __________

Parent/guardian (print name) __________________________________________

Witness ___________________________ Date __________