



Player Information Packet

1600 Tribute Road, Sacramento, CA 95815

Support or Customer Service:
(916) 719-5543 | (650) 544-3415



New Player Bio

We are signing up for:

Optimum Athletes

Hitting or Throwing Only

Drop-Ins

Youth Class

Youth Camp

Player Information

Age: _____ Height: _____ Weight: _____

Name: _____ Date of Birth: _____

Twitter: _____ Instagram: _____

School: _____ Grade & Graduation Class: _____

GPA: _____ SAT/ACT Score: _____

Phone #: _____ Email: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Parent #1 Contact Info

Name: _____

Phone #: _____

Email: _____

Parent #2 Contact Info

Name: _____

Phone #: _____

Email: _____

Emergency Contact (3rd Option)

Name: _____

Phone #: _____



Player History

Name: _____

When was the last time you played competitively?

When do you plan on playing again?

What is your weight room experience?

On a scale of 1-5 (5 is best), how experienced are you with these lifts?

Back Squat ____ Front Squat ____ Barbell Bench Press ____ Barbell Deadlift ____ Trap Bar Deadlift ____

Do you have any experience using weighted baseballs? Yes No

Please describe what you have done:

Have you grown more than 3-4 inches in the last 12 months? Yes No

Have you ever missed significant time due to injury? Yes No

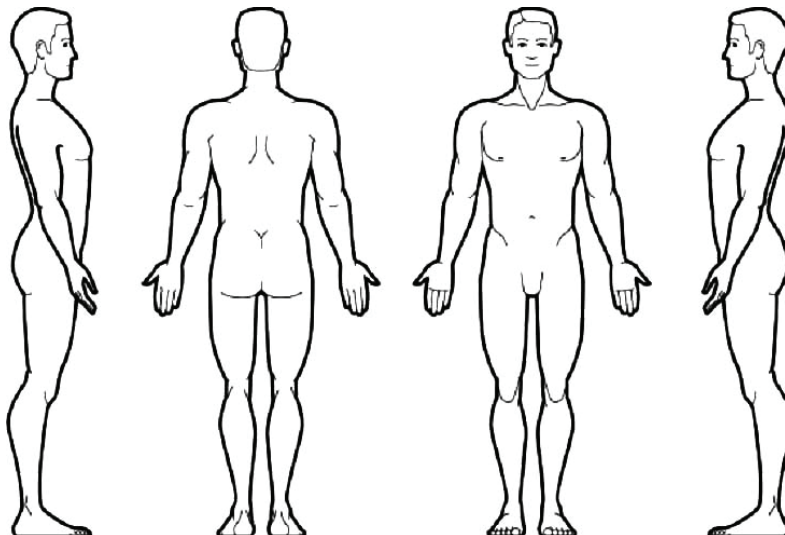
When is the last time pain stopped you from practicing/competing?

If yes, how much time did you miss? What was the injury?

Are you hurt/injured right now? Yes No

If yes, where are you hurt? _____

Where do you normally experience soreness?
Please circle areas.





Player Goals

Name: _____

What is your ultimate goal in baseball?

What is your goal in baseball in the next 3 years?

What is your goal in baseball over the next 12 months?

What is your goal in baseball over the next 3 months?

Do you have any dream schools? List 5.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

If you had \$1 to spend on improving, how would you spend it in these areas?

Strength ____ Hitting ____ Pitching ____

What skill(s) would you most like to improve?



Name: _____

Optimum Athletes and SSC have permission to publish photos of my child. Yes No

Release and Assumption of Risk

As a parent or guardian of the above named participant, I hereby state that I am voluntarily applying for my child to participate in baseball-related activities with Sacramento Sports Center. I/we hereby give my/our approval to participate in any and all activities, including but not limited to practice, games, fundraising events, and transportation to and from sanctioned activities. I/we know that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players. I/we do hereby wave, release, absolve, indemnify and agree to hold harmless Sacramento Sports Center, the organizers, sponsors, supervisors, participants, and persons transporting my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident of liability insurance.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability for future claims and is a contract between myself and Sacramento Sports Center.

Print Parent/Guardian

Parent Signature

Date