



5112 Prime Parkway, McHenry, IL 60050
 proplayerconsultants.com
 815 385-2255

Player Profile Registration

Name:		
Address:		
City:	State:	Zip:
Phone: ()		
E-Mail:	Date of Birth:	Age:
Height:	Weight:	
High School:	Grad Year:	
Coach:	Coach Phone: ()	
Grade Point Average:	ACT:	SAT:
Class Rank:	Awards:	
Bats: L R SW	Throws: L R	60 Yard Dash __. __
Primary Pos:	Secondary:	
Parent Name(s)		
Check Number	Make Checks payable to: Pro Player Consultants	
Visa #	Exp. Date / /	
MasterCard#	Exp. Date / /	
Please recommend the best Players you know		
Name:	School:	
Phone ()	Email:	
Name:	School:	
Phone ()	Email:	



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Parent Authorization/Waiver

Player/Student Name

Parent Authorization/Waiver: We the parent(s) or guardian(s) of the above named player(s)/student(s) give my/our approval to participate in this program. We give our permission for emergency medical authorization in the event that we cannot be reached. We also do hereby waive, indemnify, and agree to hold harmless Pro Player Consultants, Inc. and its staff, sponsors, officers, owners and participants for any claim arising out of an injury to my/our child.

Parent or Guardian Signature

Date