



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

*Player Profile Registration*

***Please fill out the form below and return to  
 Pro Player Consultants***

Name:	
Address:	
City:	State: Zip:
Home Phone:	Cell Phone:
E-Mail:	Date of Birth
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 / /



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## Parent Authorization/Waiver

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### 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.

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**Parent or Guardian Signature**

**Date**