New Mexico Military Institute
Bronco Baseball Try-Out

For: Any collegiate eligible baseball player under 22 years of age
Date: November 21, 2009
Location: NMMI Baseball Facility
Registration Fee: $25.00

Personal Information:
Name: ______________________________ Age: ______
Home Address:________________________________________
City/State/Zip:_________________________________________
Phone:_______________________________________________
Email Address________________________________________

Academic Information:
GPA: ______
ACT Score: ______
SAT Score: ______
Next Scheduled Test Date:________
Previous Colleges / Universities Attended
(Name, City, State, Dates of Attendance, Credits Earned):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Athletic Information:
Height:______ Weight:______ Bats:______ Throws:______
Primary Position:________________________________________
Secondary Position:______________________________________
Highest Level Played: HS/Junior College/ 4-year University
Coach’s Name/Contact Info:_________________________________
Medical Release and Photography Release Statements:

These statements must be signed by the participant prior to try-out. For all participants under 18 years of age, Release Statements must be signed by parent/guardian. I certify that the participant is physically fit for all baseball try-out activities and grant permission in case of injury, accident, or illness that the participant be treated by a licensed physician. Furthermore, I release the New Mexico Military Institute (NMMI), its officers, directors, and all associated with the try-out from any and all liability for personal injury arising out participation in the try-out.

Parent/Guardian Signature: ___________________________ Date: __________

Participant’s Signature (if 18 years and older): ______________________ Date: _____

I also agree to allow the participant listed above to participate in the photo opportunities available at New Mexico Military Institute (NMMI), and give NMMI permission to use such photos of the participant in any advertising or marketing promotions (print, electronic, outdoor advertising, faculty presentations, and publications). All prints, slides, and digital images will belong to NMMI solely and completely.

Parent/Guardian Signature: ___________________________ Date: __________

Participant’s Signature (if 18 years and older): ______________________ Date: _____