New Mexico Military Institute
Bronco Baseball Try-out
June 01, 2011

Personal Information:

Name:__________________________________   Age:_________

Home Address/City/State/Zip:__________________________________________

Phone:_________________________; E-mail 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 Information:___________________________________________
________________________________________________________________________
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: __________