

HS Baseball Showcase

RoundTripper Sports Academy announces its 15th annual H.S. Baseball Showcase on **Sunday August 14th at RoundTripper Academy in Westfield, IN.**

Showcase will take place rain or shine. If it rains the showcase will be moved inside of RoundTripper Academy. RT has a 40,000 square foot indoor facility. This showcase is for 2017, 2018 and 2019 HS Graduates. Schedule of Events:
Sunday August 14th.

- 9:30am – 11:30am:** **CHECK IN**
 9:30 – 10:00 - Group 1(#1 - #33)
 10:15 – 10:45 - Group 2 (#34 - #67)
 11:00 – 11:30 - Group 3 (#68 - #100)
- 10:15am – 12:30pm** **LIVE HITTING**
 10:15 – 11:00 - Group 1
 11:00 – 11:45 - Group 2
 11:45 – 12:30 – Group 3
- 12:45pm – 1:30pm** **60 YARD DASH**
 12:45 – 1:00 – Group 1
 1:00 – 1:15 – Group 2
 1:15 – 1:30 – Group 3
- 1:30pm – 2:15pm** **INFIELDERS**
 Corner Infielders
 Middle Infielders
 Double Plays
- 2:15pm – 2:45pm** **OUTFIELDERS**
 All Groups From Right Field Throwing to Third and Home
- 3:00pm – 3:30pm** **CATCHERS**
 All Catchers Throwing to Second Base
- 3:30pm – 4:30pm** **PITCHERS/CATCHERS**
 Pitchers will throw 2 at a time in the bullpen

RoudTripper Sports Academy – 16708 Southpark Dr. Westfield, IN. 46074

Registration on the back.

Graduation Year _____

Name: _____ Position: _____ Height: _____ Weight: _____

Age: _____ **Shirt Size circle one: AS, AM, AL, AXL, AXXL**

Bats: _____ Throws: _____ Birth date: _____ High School: _____

Home Address: _____ City: _____ State: _____

Zip: _____ Home Phone #: _____ Cell#: _____

Parents Names: _____ Players E-mail: _____

High School Coach: _____ Summer Team: _____

GPA: _____ Class Rank: _____ SAT: _____

Waiver:

I hereby authorize the staff of RoundTripper Academy to act accordingly, in their best judgment in any emergency situation requiring medical attention; and I hereby waive and release RoundTripper from any and all liability for injuries or illness incurred while participating in the said showcase. In addition, I have no knowledge of any physical impairment that would be affected by the participant's involvement in the showcase.

Signature: (Required for Registration)

Parent or

Legal Guardian: _____

Cost per player: \$150.00

Please make check out to RoundTripper

Mailing Address:

Attn: Baseball Showcase

16708 Southpark Dr.

Westfield, IN. 46074

317-896-2900 to register by phone

Directions: www.roundtripper.com

For Office Use Only:

Method of payment: Cash: _____ Check #: _____

MC or VISA

CC #: _____ **exp:** ____/____

CVV: _____

Staff Initials: _____