Northside Baseball Academy

New Players: Please take a moment to fill out this card (to the best of your ability) and turn it in on the first day of camp. In addition to providing us with a starting point for evaluation and training, this information can possibly help us to tailor certain activities around your individual needs and provide a more fulfilling camp experience.

Player's Full Name	Nicknames?	Phone Number	
		()	
Player Email (if different from parent)	Birth Date	Age	Grade

1	Number of years, if any, in organized baseball (Little League, PONY, Select, public/private school, etc.)										
2	Positions you've played (circle all that apply)	Ρ	С	1B	2B	3B	SS	LF	CF	RF	DH
3	Positions you enjoy playing the most (or think you would)	Selec P					er of pref 3B				
4	What do you consider your base sports strengths? (circle all that apply)	eball /		Hitting Game I	Run Knowlee	ning dge	Fieldin Leaders	•	itching Genera		:hing* ticism
5	What do you consider your base sports weaknesses? (circle any that apply)	eball /		Hitting Game I	Run Knowlee	ning dge	Fieldin Leaders	0	itching Genera		:hing* ticism
6	What would you like to work on during this camp?	most									
7	What would you like to get out o or future camps?	of this									

FOR COACH'S USE

Fielding (Infield)	Fielding (Outfield)		Hitting
Pitching / Catching		Running	
Other Notes			

* We are here referring to the catching position, not merely catching the ball (circle "Fielding" for that aspect of the game).