2010 ASPIRING ATHLETES™

FALL SCOUT TEAM

RISE TO THE CHALLENGE

After a successful 2009 fall season...

The Fall Scout Team is back in 2010!

Rise to the challenge in 2010 by taking your game to the "next level". Compete against some of the area's collegiate teams with a team comprised of talented local high school athletes. Teams will partake in a highly competitive fall game schedule touring the state's Junior Colleges, NAIA and Div-III colleges.

Not only will you be able to showcase your abilities in front of collegiate coaches and scouts, you will be challenged to compete at the "next level"of competition. The exposure and experience gained through the Fall Scout Team is truly a unique experience!

Actively pursue the "next level" of baseball through the Fall Scout Team!

Aspiring Athletes is now accepting applications!

Participation fee of only ***$475.00,*** includes:

- 24 - 28 Game Schedule
  - live game play against college baseball teams (JUCO, NAIA and Div-III)
- 6 training sessions - admininstered by the professional coaching staff
- Jersey; 2 game shirts and 1 game hat
- Aspiring Athletes Scout Day event (exposure opportunity)

Participation fee of only ***$650.00***, includes: *****SPECIAL OFFERING*****

- All of the above benefits + DVD for College Coaches and recruiting purposes - highlighting athletes skill set

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Fall Scout Team Registration 2010

_____ _____ _____ _____

Athletes First & Last Name | *HS Grad Year* | *Bat: Left | Right | Both* | *Throw: Left | Right*

_____ _____ _____

Home Phone | *Players Cell* | *E-mail Address (main)*

_____

Mailing Address | *Street* | *City* | *State* | *Zip*

_____ _____ _____ _____ _____ _____

Date of Birth | *Position(s)* | *ACT/SAT Score* | *Current GPA* | *Height* | *Weight*

Make all checks PAYABLE TO: "ASPIRING ATHLETES" and send to PO Box 42156 - Brook Park OH 44142

PLEASE READ and SIGN BELOW: I understand that there are risks with participation in the Aspiring Athletes Scout Team. I release and discharge Aspiring Athletes, the workers and sponsors from any and all actions, suits and demands whatsoever in law and equity, including but not limited to the risk of injury from participating in this program. In the event of a medical emergency, I authorize any staff member to seek medical treatment for my child. I certify that my child is in good health and able to participate in all activities. I understand that I must also provide my own medical insurance. By signing my signature below I agree that I have read, understand, accept and abide by the terms and conditions of the Aspiring Athletes Scout Team.

_____ _____

Signature X | *Date*

All players under the age of 18 must have parent/guardian sign above

OFFICE USE ONLY

_____ _____ _____

Payment Receipt Date | *Received By* | *Contractor Number*

PO Box 42156 Brook Park OH 44142 | 216-265-8639 | info@aathletes.com | www.aathletes.com