

**JOPLIN  OUTLAWS**  
Player Commitment and Information Form  
(Please print)

PERSONAL INFORMATION

Player Name: \_\_\_\_\_ Email: \_\_\_\_\_

Player's Cell Phone: \_\_\_\_\_ Text Messaging: Yes or No

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Parents / Guardians Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different from own): \_\_\_\_\_

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Misc: \_\_\_\_\_

MEDICAL INFORMATION (Enclose a copy of your health insurance card)

Health Insurance Information: \_\_\_\_\_

Any Allergies, Medical Conditions or Previous Surgeries: If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
Taking any Prescription Drugs: \_\_\_\_\_

SCHOOL / BASEBALL INFORMATION

College (2021/2022 season): \_\_\_\_\_

City / State: \_\_\_\_\_ (Circle) Year Completed: Fr So Jr Sr

College Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Asst. Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Position(s): \_\_\_\_\_ (Circle) Bat: L R Throw: L R

Have you been drafted in the past Yes \_\_\_\_\_ No \_\_\_\_\_

If so, by who, year and round: \_\_\_\_\_

I understand that by signing this document I am committed to the JOPLIN OUTLAWS Baseball Team for the 2024 summer season. I will sign no other commitment forms for the summer season and I will conduct myself in a professional manner as per the requirements of the Joplin Outlaws Code of Conduct. I understand this is a direct offer from the Joplin Outlaws Collegiate Baseball Club to fill a spot on the 2024 roster. I understand there is a \$750.00 player fee. A non-refundable \$50.00 deposit is to be sent in with the player contract. The balance of \$700.00 is due by the start of the season. I, in good faith, agree to pay this fee by June 1, 2024.

Players will be informed of the reporting date. As part of my commitment to the program, I will be required to assist in Joplin Outlaw's camps and other promotional and community activities. I understand that all uniforms and equipment are property of the Joplin Outlaws. I will be financially responsible for any items not returned to the Joplin Outlaws.

For more information about the program, check our website: [www.joplinoutlaws.com](http://www.joplinoutlaws.com)

If you are injured during the season and will be unable to play, you must contact the Outlaw coaching staff as soon as possible so that a replacement player can be recruited in your place.

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLAYER INFORMATION FORM**  
**(Continued)**

Player Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Fitted Cap Size: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Short Size: \_\_\_\_\_

Yearly Stats: AVG: \_\_\_\_\_ RBI'S: \_\_\_\_\_ HR: \_\_\_\_\_ 2B: \_\_\_\_\_ 3B: \_\_\_\_\_ SB: \_\_\_\_\_

Yearly Pitching Stats: W: \_\_\_\_\_ L: \_\_\_\_\_ ERA: \_\_\_\_\_ SO: \_\_\_\_\_ BB: \_\_\_\_\_

College Awards, Academic and Baseball Achievements and/or Designations:

---

---

---

**IN CASE OF AN EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**OTHER INFORMATION**

Will you be (check one): Flying \_\_\_\_\_ Driving \_\_\_\_\_

Will you need a host family? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in a summer job?" Yes \_\_\_\_\_ No \_\_\_\_\_

**MISC. INFORMATION:**

---

---

---

Information Below to be completed by JOPLIN OUTLAWS Front Office staff:

\$ 50.00 Player Deposit: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

\$750.00 Player Registration: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Copy of Health Insurance on File: \_\_\_\_\_

**MAIL COMPLETED CONTRACT, INFORMATION SHEET & REGISTRATION FEE TO:**

**MARK RAINS, GM**

**JOPLIN OUTLAWS COLLEGIATE BASEBALL CLUB**

**5860 N PEARL JOPLIN, MO 64801**

Host Family Name: \_\_\_\_\_ Host Family Phone: \_\_\_\_\_

Host Family Address: \_\_\_\_\_ Host Family Cell Phone: \_\_\_\_\_