



Welcome to our 2010 Top Prospects Canada Showcase

Top Baseball Prospects Canada Showcase is devoted to furthering the development and career of the talented high school baseball player. We are committed to produce the very highest-level individual player showcases and team tournaments all over the United States and Canada. These events have proved very valuable to the college coaching community and major league baseball as they can scout a large population of talented ball players all in one location.

The Top Baseball Prospects Canada Showcase will provide a sound learning environment and an opportunity for each player to showcase their talent. Professional and College Coaches will evaluate each baseball player. Instruction and evaluation will include fundamental drills and game. Top Baseball Prospects Canada Showcase is for the high school players who are interested in College, Universities and MLB Scouts and would like to demonstrate their abilities to them.

The first Top Baseball Prospects Canada Showcase event will take place at Wellfield Complex in the beautiful city of Venice, Florida, on March 14th, 2010.

Why to Register with Top Prospects Canada:

- Report to all Major League Scout Department
- Report to over 1500 College Baseball Program
- Runs one of the most organized events in North America
- Uses only wood bats at showcase
- Scout evaluation by Top Prospects Canada
- Opportunity to compete with and against top prospects' in North America

SCHEDULE

March 14th, 2010 -08:00AM	Players Report
-09:00AM	Workout begins
-09:30AM	Run 60 Yards Dash
-10:00AM	Outfielders Field and Throw from RF
-10:30AM	Infielders Field and Throw from SS
-11:00AM	First Bases Field and Throw from 1B to 3B
-11:30AM	Catchers Pop Time
-12:00M	Batting Practice
-02:30PM	First Game (Pitchers scouted during games)
March 15th, 2010 -10:00AM	Games VS Prospects (morning) and Local Teams (after)
March 16th, 2010 -10:00AM	Games VS Prospects (morning) and Local Teams (after)
March 17th, 2010 -10:00AM	Games VS Prospects (morning) and Local Teams (after)

Rates:

Option 1: Registration Fee and 6 minimum extra Games CAD \$ 450.00 per player

Option 2: Registration Fee Showcase Only CAD \$ 195 per player.

Registration Fee includes:

Entrance Fee, Evaluation Report Posted in Website, 30 seconds Video of Player Skills, Top Prospects T-shirt and Hat, 3 Games VS Prospects as schedule,.

Coaches ask for Special Rates for complete Teams Evaluation (12 Player and more)

Fax Me to: Top Prospects Canada / Fax # (416) 646-0897 / Scan and Email to info@topprospects canada.ca





2010 TOP PROSPECTS CANADA SHOWCASE
WELLFIELD BASEBALL COMPLEX
1300 RIDGEWOOD AVE
VENICE, SARASOTA, FL
MARCH 14-17, 2010

PLAYER INFORMATION
(Please Print Clearly & Fill Out Completely)

Player's Name (Full) _____

Grad. Year _____ Primary Position: _____ Other Position(s) _____

Height: _____ Feet _____ Inches _____ Shirt Size: L XL 2XL (Circle one)

Birthdate: _____ Bats (Circle One): Right Left Switch

Throws (Circle one): Right Left Switch Glasses/Contacts: Yes No

Street Address: _____

City: _____ Province/State: _____ Postal Code/Zip _____

Dad's Name: _____ Mom's Name: _____

Dad's Occupation: _____ Mom's Occupation: _____

Famous Relatives: _____ Player's Other Sports: _____

Player's Highest Baseball Honor: _____

Player's Summer Team: _____ Summer Coach: _____

Summer Coach Email: _____ Summer Coach Phone: _____

Home Ph; _____ Parent's Cell: _____ Fax # : _____

Player's Email: _____ Player's Cell: _____

High School: _____

Reg. W/Clearinghouse: Yes No GPA: _____ SAT: _____ ACT: _____

Coach Name : _____ Coach Ph: _____

Coach Email: _____

Fax Me to: Top Prospects Canada / Fax # (416) 646-0897 / Scan and Email to info@topprospectsCanada.ca





2010 TOP PROSPECTS CANADA SHOWCASE
WELLFIELD BASEBALL COMPLEX
1300 RIDGEWOOD AVE
VENICE, SARASOTA, FL
MARCH 14-17, 2010

IMPORTANT MEDICAL INFORMATION:

Emergency Contact
(Other than Parents) _____ Emergency Contact Ph: _____

Is the player currently taking medication? Yes No If Yes, what medication: _____

How often is the medication taken: _____ Purpose of the medication: _____

Player's Allergic to anything and what? _____

Any Physical Limitation, special circumstances, or other information we should be aware of?

RELEASE FORM TOP PROSPECTS CANADA SHOWCASE (please read carefully before signing)

I approve my child's/ward's participation at TOP PROSPECTS CANADA SHOWCASE. I expressly represent to TOP PROSPECTS CANADA that my child/ward is in good health and physically capable of participating in any and all activities sponsored and associated with TOP PROSPECTS CANADA. I authorize TOP PROSPECTS CANADA and/or its representatives to request and obtain emergency medical treatment for my child/ward or myself as the circumstances may require and in connection with this authorization I hereby waive and release the right to authorize and give consent for the delivery of medical care/treatment, of whatsoever kind and nature, to my child/ward. I understand that TOP PROSPECTS CANADA, its staff member, associates, and workers, the CITY OF TAMPA, any High Schools, its facilities and anyone associated with TOP PROSPECTS CANADA. Is harmless and release them from any and all liability for any kind of injury as a result of my child's/ward's participation in any activities sponsored by TOP PROSPECTS CANADA. This release of liability by me is based upon the recognition that sport activity of any kind or nature clearly involves the risk of injury or hazards to the participants and spectators and I acknowledge that my child/ward and I assume such risks when we participate in any activity sponsored by TOP PROSPECTS CANADA. **IT IS UNDERSTOOD THAT ONCE A PLAYER/PARENT SIGNS THIS AGREEMENT AND MAKE PAYMENT THERE WILL BE NO REFUND FOR ANY REASON.** By signing this agreement, the parents and player agree to abide by all above, and also agree to give TOP PROSPECTS CANADA the right to talk to or release information to any or all college and University programs, Major League teams and scouts, and to put their child's/ward's profile/information on the internet/Baseball News, Web page, TV, Magazine, Newspaper. **You must sign bellow, or if under age 18, parent or guardian of the participant must sign certifying that above information has been read, complied with, and agree to.**

Parent or Legal Guardian Signature: _____

Player's Name: _____ Date: _____

Fax Me to: Top Prospects Canada / Fax # (416) 646-0897 / Scan and Email to info@topprospectsCanada.ca





2010 TOP PROSPECTS CANADA SHOWCASE
WELLFIELD BASEBALL COMPLEX
1300 RIDGEWOOD AVE
VENICE , SARASOTA, FL
MARCH 14-17, 2010

REGISTRATION/SPONSORSHIP PAYMENT

Option: (Circle one) Option 1: Showcase and Games
Option 2: Showcase Only

Payment Method (Circle one): VISA MASTER CARD AMEX CHECK MONEY ORDER

Cardholder Name : _____ Expiration Date: _____

Card #: _____ Digit Security Digits # _____

(Security digits are 3 on the back of Visa or Master Card and 4 in front of Amex)

**CAD \$50.00 NON REFUNDABLE DEPOSIT DUE AT REGISTRATION
FINAL AMOUNT DUE BY JANUARY 27, 2010**

Payments by Check or Money Order:

PLEASE MAKE THE CHECK PAYABLE TO "TOP PROSPECTS CANADA SHOWCASE"

**Mail to: TOP PROSPECTS CANADA SHOWCASE
4950 Yonge Street, Suite 10, North York, ON
M2N 6K1 /CANADA**

Terms of Payments: CAD \$50.00 will be charged immediately as a processing fee for my registration. This amount is totally non refundable. The rest of the amount due will be charged by January 27th, 2010 at which time cancellation are not permitted and the full amount becomes non refundable.

Cancellations are permitted by January 27th, 2010 a CAD \$ 50.00 Fee will apply as penalty.

This shall be good and sufficient authority for TOP PROSPECTS CANADA to charge the fees agrees to my Credit as noted above. I understand that I have read and agreed with the term and conditions for this event.

Cardholder signature: _____ Date: _____

Fax Me to: Top Prospects Canada / Fax # (416) 646-0897 / Scan and Email to info@topprospectsCanada.ca

