



Bemidji State University

Beaver Softball

NCAA Division II

Northern Sun Intercollegiate Conference



Name _____ Date _____

Address _____

Home Phone (_____) _____ E-mail Address _____

Cell Phone (_____) _____ Soc. Sec. # ____ - ____ - ____ Birth Date ____ / ____ / ____

Father's Name _____ Occupation _____ College Attended _____

Father's Address (if different) _____ Father's Phone (_____) _____

Mother's Name _____ Occupation _____ College Attended _____

Mother's Address (if different) _____ Mother's Phone (_____) _____

Brother/Sister Names & Ages _____

Recreational Activities _____ Relative who is a BSU Alum? Yes__ No__

Most influential people in your life _____

Best players you've played against & their school _____

Position(s) _____ Batting Avg. _____ On-base % _____ Fielding % _____ Slugging % _____

RBI _____ Strikeouts _____ Walks _____ Stolen Bases _____ Time Home to 1st _____

Pitcher: ERA ____ Wins/Appearances _____ K/BB ratio _____ Strikeouts ____ Fastball Speed _____

Honors/Awards _____

Serious injury? Yes ____ No ____ if yes, describe _____

Coach _____ Home Phone (_____) _____ College Attended _____

Other Sports Participated In _____

Other Sports Highlights _____

School Attending _____ Your Academic Counselor _____

School Phone (_____) _____ School Fax Number (_____) _____

Class Rank ____ / ____ Cumulative GPA _____ Test Score: ACT ____ SAT ____ Grad Year _____

Intended College Major (1st Choice) _____ (2nd Choice) _____

Other colleges interested in _____

I hereby grant permission for the release of my academic transcript and test scores to Bemidji State University for review by a member of the BSU softball coaching staff.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF STUDENT

DATE