

Heartland Community College
Athletic Department – FRC 2011
1500 West Raab Road
Normal, IL 61761
Athletic Office: 309-268-8355 / FAX#: 309-268-7960
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Heartland Hawk Softball Player Profile

Full Name: _____
Last First Middle

Birth date: _____ Age: _____

High School: _____ Graduation Date: _____

Position(s): _____ HT: _____ WT: _____

ACT: _____ GPA: _____ Class Rank: _____

Home Address: _____
Street City State Zip

Cell phone: () _____ Email Address: _____

Parents Names: _____

Telephone: () _____ () _____

Parents Occupations: _____

Parents Email: _____

Do you/your parents have health insurance coverage that you are covered under? Yes / No

**Who is your health insurance provider? _____

High School Coach: _____ Telephone: () _____

Other schools you are considering: _____

Schools that you have visited: _____

Comments: _____

**Must have Primary Health Insurance Coverage to attend Heartland Community College as an athlete