

Heartland Community College  
Athletic Department – FRC 2011  
1500 West Raab Road  
Normal, IL 61761  
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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