Championship Softball Clinic

Come join the **Shepherd Hill Regional High School Varsity Softball Team** to learn more about the skills of this exciting sport. This clinic will feature interactive and fun-filled sessions that will focus on the basic skills of fielding, throwing, hitting, base running, defense, game strategies and MORE! **Come join the fun…sign up today!**

WHO?	Girls entering grades 5 through 9	**WHEN?**	July 27st-30th
WHERE?	Shepherd Hill Regional High School	**TIME?**	9:00 AM-Noon
COST?	$80.00 [register by July 1st and receive a free T-shirt]		

COMPLETE THE APPLICATION BELOW AND MAIL IT ALONG WITH A CHECK PAYABLE TO: Tom Caffelle **Send to:** 7 Howarth Road, Oxford, MA 01540

Championship Softball Clinic Enrollment Form

Child's Name: _____ Grade/Age: _____ T-shirt size: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Home Address: _____ Telephone #: _____

Town/City: _____ Zip code: _____

IN CASE OF EMERGENCY CALL:

_____
Name **Telephone Number** **Relationship**

_____
Name **Telephone Number** **Relationship**

_____
Family Health Insurance Plan **Policy Number**

Parental Consent Release from Liability and Indemnity Agreement:

We the undersigned parent[s]/guardian[s] of _____, a minor, and said minor, do hereby consent to her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge and covenant to hold harmless the Championship Softball Clinic, and its successors, departments, officers, employees, servants, and agents of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in anyway growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent[s]/guardian[s] of said minor, and also resulting or to result from his/her participation in the Championship Softball Clinic; FURTHERMORE, we/I hereby agree to protect the Championship Softball Clinic, and its successors, departments, officers, employees, servants, and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her voluntary participation in the Championship Softball Clinic, and to INDEMNIFY, reimburse or make good to the Championship Softball Clinic or its successors, departments, officers, employees, servants, and agents any loss and damage and costs, including attorneys fees, the Organization or its representatives may have to pay if any litigation arises from said minors intentional, grossly negligent, negligent, or reckless acts or omissions while participating in said sports clinics.

_____ _____
Signature of Parent[s]/Guardian[s] Date