

# Conestoga High School



# Softball Clinic

## PLAY LIKE A GIRL!

*Learn from Conestoga High School Softball Team and Coaches*



**When:** Sunday, March 26th, 2017 12:30-2:30pm

**Where:** Conestoga High School Gym

**Cost:** \$30 , \$35 for walk-up registration

**For Coach Pitch, Minors, Majors & Juniors**

Players wear sneakers and bring your glove, bat and helmet

Make checks payable to Conestoga Softball Booster Club & mail completed bottom of this form with check to: Lisa Cepielik 105 Sheldrake Dr, Paoli, PA 19301 Questions? Contact lisacepielik@gmail.com

**Player's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parents' Names :** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**Emergency Contact Day of Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**Little League Level (circle)**

**Coach Pitch      Minors      Majors/Juniors**

**Release:** (Player's Name) \_\_\_\_\_ is permitted to participate in the Conestoga High School Softball Clinic hosted by the Conestoga Girl's Softball Team. I do understand that any other personnel involved with this program are not responsible for any injuries or accidents that may occur before, during or after any activities associated with the Clinic. In the event my child is injured and I cannot be reached, I hereby authorize the participating coaches/volunteers to contact emergency medical personnel. I covenant and agree, that for and in consideration of my child's participation in such Clinic, to indemnify and hold harmless the Conestoga Girl's Softball Team , its players, coaches, parents, and volunteers assisting in these activities, from any and all injuries, damages, claims or liability of any kind, whatsoever, including by any error or omission or negligent act of my child. I further do hereby expressly release, discharge and hold harmless the Conestoga Girl's Softball Team, its players, coaches, parents, and volunteers assisting in these activities, from any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to my child or damage to property , arising or resulting from my child's participation in any activities associated with the Clinic.

I agree to the terms & conditions of the parent waiver listed above and I understand that my registration is **NON REFUNDABLE**.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_