

# SOFTBALL CLINIC REGISTRATION

Player First Name \_\_\_\_\_ Player Last Name \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ E-mail address \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Parents \_\_\_\_\_ Emergency Contact & Phone Number \_\_\_\_\_

Any medical conditions to be aware of: Y N If yes, please explain \_\_\_\_\_

T-shirt Size: Youth Medium Adult Small Adult Medium Adult Large Adult XLarge

**\*\*Registration due February 10, 2012. Late Registration may result in getting shirt at a later date.**

**Make checks payable to EH Softball. Please return registration to the High School Officer marked SOFTBALL Jack's contact email: [jackfarb@yahoo.com](mailto:jackfarb@yahoo.com).**

*\*\*Waiver/Release Liability-I do hereby waive, release, and discharge Eastern Hancock School Corporation, E.H Coaching Staff, and players of all legal responsibilities in the event of injury to my child. I will be responsible for any medical charges in connection with his/her attendance of the camp, before, during, or while leaving any program. We, the parent(s)/legal guardian(s) agree to the above waiver and release and we join therein.*

Printed Guardian \_\_\_\_\_ Guardian Signature \_\_\_\_\_