



GIRL'S SOFTBALL CLINIC
Sponsored and Organized by
Conestoga Girl's Softball
Sun, March 27, 2011

Registration Form

Player Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Parent Name: _____ Phone: _____

League: _____ Level: _____

Coach's Name: _____

Release:

My daughter, _____, is permitted to participate as a player in the girl's softball clinic provided by the Conestoga High School 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.

I hereby give permission for my child to engage in girl's softball clinic provided by the Conestoga High School Girl's Softball Team. In the event my child is injured and I cannot be reached to make emergency medical arrangements or circumstances make it impracticable for me to be reached, I hereby authorize the participating coaches to contact emergency medical personnel. I covenant and agree, that for and in consideration of my child's participation in such activities, 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 damages, claims or liability of any kind, whatsoever, by reason of injury to property or third persons occasioned by any error, 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 these activities.

Parent/Guardian Signature: _____ Date: _____

In case of emergency, contact: _____ Phone: _____

The Clinic is held at Conestoga Gym

Cost is \$20 per player or \$35 for two players from same family

Register at Conestoga the day of the Clinic or

Please make checks payable to, "Conestoga Softball Booster Club". Send payment by March 18 to:

**Helaine Leibowitz
1015 S Wisteria Drive
Malvern, PA 19355**

