

GROSSE POINTE SOUTH 2019 SOFTBALL CLINIC

Saturday, March 16th

9:00am – 12:00pm

- Open to grades K-8
- Cost is \$60 – payment can be in cash or checks made out to “Grosse Pointe South Softball” (all proceeds benefit South softball program)
- Instructors will be the Grosse Pointe South Softball coaching staff and players
- The focus of instruction will be on basic throwing techniques, basic fielding techniques, and hitting fundamentals

Advanced players will be placed in one group and taught advanced skills. Please note on your registration form if you would like your daughter placed in this group

- If you have any questions, please email Varsity Softball Coach Bill Fleming at sanflem1@sbcglobal.net
- Clinic registration (on the back of this form) and payment should be mailed to:

Bill Fleming
568 Lakeland
Grosse Pointe, MI 48230

Will be held in the Main Gym
at Grosse Pointe South High School
11 Grosse Pointe Blvd., Grosse Pointe Farms

GPS SOFTBALL CLINIC REGISTRATION FORM

Player Name _____

Address _____

City _____ **Zip** _____

Phone _____

Email _____

Include my daughter in the advanced skills group _____

Grade _____ **Age** _____

Parent or Guardian Signature Required for Registration

I am the parent or guardian of the below listed minor (here-in after referred to as child). In consideration of my child's participation in this activity and with the understanding that my child's participation in the activity is only on the condition that I enter into this agreement for my child, myself and my heirs and assigns, my child and I assume the inherent and extraordinary risks involved in this activity, in the use of the activity's equipment, and any risks inherent in any other activities connected with this activity in which my child voluntarily participates. My child and I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents that may occur as a result of my child's participation in this activity and release from liability Grosse Pointe Public Schools and their officers, directors, sponsors, agents, representatives, employees, and volunteers. My child and I waive any claim we may later have as a result of any and all injury to my child's person or property as a result of my child's participation in this activity, my child's use of the activity's equipment, and in any other activities connected with the activity in which my child may voluntarily participate. In further consideration for my child's participation in this activity, I agree to indemnify all of the persons named above and their sponsors for any and all claims, including attorney's fees and costs, that may be brought against any of them by anyone claiming to have been injured as a result of any injury to my child or my child's property which may occur as a result of the activity. I also agree that this release and all its particulars include the owners of the property where the activity is held. My child and I understand that this activity is a physical sport and that physical injury may result. My child and I certify that we have read and fully understand this release. I am of lawful age and legally competent to make this agreement.

_____ Print Child's Name

_____ Signature of Parent or Guardian

_____ Date