



DJHS SOFTBALL PITCHERS AND CATCHERS CLINIC

REGISTRATION FORM

PLAYER'S NAME _____ SCHOOL _____

GRADE: _____ ATTENDING FOR: *CIRCLE ONE* PITCHING CATCHING

PLAYER'S ADDRESS _____

PHONE #: _____ ALTERNATE # _____

PARENT/GUARDIAN NAME _____ E-MAIL ADDRESS _____

PAYMENT INFORMATION: \$35 PER PITCHER AND CATCHER

(PLEASE MAKE CHECKS PAYABLE TO *DUBLIN JEROME DIAMOND CLUB*)

PITCHING AND CATCHING SESSIONS: (2HRS)Gds. 3RD-5TH 1:00PM=3:00PM

Gds. 6TH-8TH 3:00PM-5:00PM

PLEASE CHECK ITEMS BELOW: *FOR PITCHER'S ONLY

PARENT WILL BE ATTENDING CLINIC WITH PLAYER __YES __NO

THIS IS RECOMMENDED

*PITCHER WILL BRING SOMEONE TO CATCH DURING CLINIC __YES __NO

*PITCHER HAS RECEIVED FORMAL PITCHING INSTRUCTION IN THE PAST __YES __NO

IF YES, FOR HOW LONG? _____

CLINIC WAIVER (IF REGISTRATION FORM IS SENT ELECTRONICALLY, WAIVER MUST BE SIGNED AT THE CLINIC) I HEREBY AUTHORIZE THE STAFF OF THE DUBLIN JEROME HIGH SCHOOL (DJHS) PITCHER'S AND CATCHER'S CLINIC TO ACT FOR ME ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION, AND HEREBY RELEASE , DISCHARGE, INDEMNIFY, AND HOLD HARMLESS THE DJHS PITCHER'S AND CATCHER'S CLINIC FROM ANY LIABILITY FOR ANY INJURIES OR ILLNESSES INCURRED WHILE AT THE CLINIC. I UNDERSTAND AND ASSUME THE HAZARDS AND RISKS ASSOCIATED WITH THE ACTIVITY AND WAIVE ALL CLAIMS AGAINST DJHS PITCHER'S AND CATCHER'S CLINIC AND STAFF.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE



PLEASE COMPLETE AND SEND THIS FORM BY US MAIL OR ELECTRONICALLY TO:

BECKY CIMINILLO, 6783 BURNSIDE LANE, DUBLIN, OHIO 43016 OR CIMI1@AOL.COM