

Bourne Youth Girls Softball Sunday Afternoon Winter Clinics Registration

Bourne Youth Girls Softball will be holding indoor Softball Clinics at the BHS Gym this winter. The clinics will outline strategies and fundamentals on hitting, fielding, and throwing followed by a scrimmage. This program is open to any girl Grade 4 thru Grade 9. **Register early** since **space is limited** and **reserved on a first-come, first-served basis**. Participants are to have their own glove and proper athletic clothing.

Group 1 Grades 4, 5 & 6	Group 2 Grades 7, 8 & 9
January 3 rd , 3-5pm @BHS Gym	January 10 th , 3-5pm @BHS Gym
January 24 th , 3-5pm @BHS Gym	January 31 st , 3-5pm @BHS Gym
February 7 th , 3-5pm @BHS Gym	February 14 th , 3-5pm @BHS Gym
February 21 st , 3-5pm @BHS Gym	February 28 th , 3-5pm @BHS Gym

Mail registration forms to: BYGS, PO Box 1668, Sagamore Beach, MA 02562

Include your check or money order. Please note: Registrations will not be accepted without payment in full and signed and dated waiver forms. Thank you for your cooperation.

For further information please call: Erick Anderson (508-292-7020), Mark Melchionda (508-888-6876), Bob Zapotocky (508-833-3530) or visit www.bourneyouthsoftball.org

REGISTRATION FEES:

\$ 35.00 with a family cap of \$50.00 for Bourne residents

\$ 40.00 with a family cap of \$60.00 for non-residents

Participant's Name: _____

Parent or Guardian's Name: _____

Mailing Address: _____

Street Address: _____

email Address: _____

Phone: _____ Alternate Phone: _____

Grade: _____ Date of Birth (mm/dd/yyyy): _____ Years Experience _____

Parent/Guardian Signature: _____

PARENTS: I can help: Coaching* _____ Asst. Coaching* _____ Session Sponsor (see below) _____

* - Please note: All coaches and volunteers are subject to a CORI background check.

SPONSORSHIP INFORMATION (OPTIONAL)

If you wish to Sponsor a Session please enclose a check for \$56 and complete the information below.

Company Name: _____ Contact Name: _____

Company Address: _____ Contact Phone: _____

Company Phone: _____

Would you like to be listed on the Bourne Youth Girls Softball Sponsors Web Page: Yes / No

If so, we can provide a link to your web site and/or e-mail address.

Web site: _____ E-mail: _____

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You must also sign and return the attached medical and liability waiver with your completed registration. Thank you!

Bourne Youth Girls Softball

Parental Waiver, Release of Liability, Indemnification and Consent Form

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate as a member Bourne Youth Girls Softball ("the league").

I understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of softball, as well as in traveling and other related activities incidental to my child's participation including but not limited to fundraisers, evaluations and clinics, and I am willing to assume these risks on behalf of my child. These risks include but are not limited to those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.

I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to my child and to other players.

I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to coaches and officials of the team and league.

Further, I agree that in consideration for the right to allow my child to participate as a member of the team designated below and in consideration for permission to play on the fields arranged for by the team or league:

1. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as team member or observer during practice or play by other teams or by other players on my child's team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.

2. In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge and agree not to sue Bourne Youth Girls Softball, the Town of Bourne, the Bourne Recreation Department, the owner or operator of any fields, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, town, field or Amateur Softball Association of America for any claim, damages, costs including attorneys fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I further agree on behalf of myself and my child listed below, that I shall forever hold harmless and fully indemnify the parties hereby release from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Child (Print)

Name of Parent/Guardian

Signature of Parent

Date

Medical Release

I understand that every effort will be made to contact me in case of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Bourne Youth Girls Softball to arrange transportation to the nearest hospital and to secure any necessary medical treatment. I also authorize Bourne Youth Girls Softball to administer First Aid to treat my child when appropriate.

Name of Child (Print)

Name of Parent/Guardian

Signature of Parent

Date