

# Bourne Youth Girls Softball 2012 Beginner's Pitching and Winter Clinics Registration

**Bourne Youth Girls Softball** will be holding **Softball Beginner's Pitching Clinics** and **Winter Softball Clinics** at the **Bourne High School Gym** this winter

The **Pitching Clinic** is geared for the **athlete at the beginner level** interested in learning the mechanics, fundamentals and basic skills of fastpitch softball pitching. Led by Bourne High School Head Coach & Pitching Coach Glen Gifford and staff, you will enhance your knowledge of the fundamentals, practice skills, and be taught drills that you may take home and continue to improve upon with.

**Dates: Mondays 7:30pm - 8:30pm Jan. 9, Jan. 30, Feb. 13, March 5**

The **Winter Clinics** will outline strategies and fundamentals of hitting, fielding, throwing and base running. Players are separated into groups and rotated throughout our facility. The clinic features stations designed to teach a different skill taught by our instructors in their area of expertise. Our instructors will focus on the mechanics of hitting and bunting and conduct a detailed point-by-point inspection of swing and will correct any flaws or problems.

**Dates: Mondays 7:30pm - 8:30pm Jan. 23\*\*\*, Feb. 6, Feb. 27, March 12, March 19, March 26**

**\*\*\*Jan. 23 session Tryouts for 10U and 12U Travel Teams**

**Eligibility: Girls in Grades 3, 4, 5, 6, 7, and 8.**

All Participants are to have their own glove and proper athletic clothing and are asked to wear tennis shoes. These clinics allow players to come and learn new skills and sharpen old ones as we head into the season while having some fun!

Please note Registrations will not be accepted without payment in full and signed and dated waiver forms. Please bring completed form to first clinic and **include your check or money order**. Thank you for your cooperation.

## **REGISTRATION FEES:**

**Softball Beginner's Pitching Clinics: Free**

**Winter Softball Clinics: \$15 per player**

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\* \_\_\_\_\_

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

For more information or questions, contact Erick Anderson (508-292-7020) or e-mail

erickwilliamanderson@gmail.com

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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