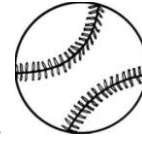




2017 Charlestown Softball



Developmental Clinic

The Charlestown High School Softball program and the City of Charlestown – Youth & Family Sports will offer a developmental clinic for girls ages 6-14. This program will be conducted on Wednesday, March 22, 2017 at Charlestown High School from 12:00 to 3:00, and will focus on age appropriate softball fundamentals in a “camp-like” setting. The cost is \$20, which includes admission to the clinic, admission to the Lady Pirates game that follows the clinic, and dinner during the game. It is recommended that participants wear appropriate softball attire (softball pants and both cleats and tennis shoes) and have the needed equipment to participate (glove, bat, helmet, etc.). Cash or check is acceptable (checks can be made to: Pirate Pride, softball in memo). All participants will be invited to stay after the clinic and watch the Lady Pirates Softball Team take on the New Washington Mustangs in their first game of the season!

You may register and submit your forms before the clinic, however registration will be offered until the clinic begins. You may mail your registration form and payment to John Smith, Charlestown High School, 1 Pirate Place, Charlestown, IN 47111 Atten: John Smith. For questions, please contact John Smith at charlestownsoftball@gmail.com or 502-548-3509.

-----Please keep the top of this form-----

Name: _____ Birthdate: _____ Age: _____ Grade: _____

Current school participant is attending: _____

Address: _____

Daytime Phone # (required): _____

Email address (required): _____

Emergency contact name and phone # (required): _____

Medical condition(s) to be aware of:

Liability Statement: I hereby give my permission for my child(ren) to participate in the above Charlestown Softball program / City of Charlestown event and hereby release and hold harmless the City of Charlestown, Greater Clark Schools, Charlestown Softball program, camp staff and administrators from and against any liability incurred in connection with or arising out of my child’s participation in said program.

Parent or Guardian signature: _____ Date: _____