

Mid-Carolina High School Girls' Varsity Softball Team  
&  
County of Newberry Recreation  
are partnering to host a

**Softball Fundamentals Camp**

WHERE: Mid-Carolina High School Softball Field

WHEN: July 9<sup>th</sup> & 10<sup>th</sup> 2019

TIME: 9:00 am TO 12:00 noon

WHO: Ages 7-12 years

COST: \$30.00



INSTRUCTED BY: Coach Green & the Girls' Varsity Softball Team

Make Checks Payable to: Mid-Carolina Girls Softball

FORMS CAN BE DROPPED OFF AT MID-CAROLINA HIGH SCHOOL

**Softball Fundamentals & Mechanics skills will be taught**

**Campers T- Shirt Size: YS YM YL AS AM AL XL**

(PRE-REGISTER BY: Wednesday July 3, 2019 TO BE GURANTEED A T-SHIRT)

**You may also bring form to camp. *In order to receive a shirt, you MUST pre-register***

Participant's Name: \_\_\_\_\_ Date Of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ F/Cell: \_\_\_\_\_ M/Cell \_\_\_\_\_ Other: \_\_\_\_\_

**PLEASE READ WAIVER AND RELEASE BEFORE SIGNING:**

In signing up and participating in Newberry County programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against Newberry County, Newberry County School District, its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel. **I understand I am responsible for all costs incurred in any such medical emergency.**

I understand photographs of my/my child's participation in this program may be used by Newberry County to promote the County's events facilities, without compensation and without additional approval.

**I HAVE READ AND FULLY UNDERSTAND THIS WAVIER**

Parent's or Legal Guardian's Signature: \_\_\_\_\_ DL#: \_\_\_\_\_ Date: \_\_\_\_\_

**PLAYERS NEED TO BRING OWN BATS AND GLOVES**