

MT. CARMEL H.S. SOFTBALL CLINICS

Saturday, January 11, 2003, Check-in 8:30 a.m., Clinic 9:00 a.m.-12:00 noon (5-8 yr. olds)
Saturday, January 18, 2003, Check-in 8:30 a.m., Clinic 9:00 a.m.- 2:00 p.m. (9-14 yr. olds)

- Open to all PQGSA registered players ages 5-14 years old
- Clinic will be held at Mt. Carmel High School Varsity Softball Field, located behind MCHS
- Please park in the front parking lot & walk down the side of the school to the field

Cost: 5-8 yr. olds - \$15.00 per player pre-registered, \$20.00 day of clinic. Includes clinic & T-shirt.
9-14 yr. olds - \$25.00 per player pre-registered, \$30.00 day of clinic. Includes clinic, T-shirt & lunch.
Bring your glove, bat (if you have one), water bottle, sunscreen, hat or visor. A parent is required to be present for the duration of the clinic for 5-8 yr. olds.

The clinic will be conducted by Mt. Carmel Varsity Coach Tom Peronto and his coaching staff, along with MCHS Varsity players. The instruction will include the fundamentals of fastpitch softball including the basic mechanics of throwing, catching, fielding and hitting. Parents can learn how to work with their kids to develop their softball skills at home.

Mail the completed form with check made payable to **Mt. Carmel Girls Softball** to:
Tom Peronto
13435 Sawtooth Road
San Diego, CA 92129

Forms and check must be received by Friday, December 13, 2002

*** No guarantee of T-shirt with day of clinic registration ***

KEEP THIS PART MAIL THIS PART CLINIC REGISTRATION FORM

NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: DAY _____ EVENING _____

CLINIC: (Check One) Jan. 11, 2003 (5-8 yr. olds) _____ (\$15.00) Jan. 18, 2003 (9-14 yr. olds) _____ (\$25.00)

T-Shirt Size: (Circle one) Youth M L XL Adult S M L XL

RELEASE

This is to certify that I, the parent of _____, authorize my daughter to participate in the Mt. Carmel HS Softball Clinic. I hereby authorize and empower the staff of the Mt. Carmel HS Softball Clinic to give consent for treatment in any medical emergency where treatment is needed as necessary for my child(ren). I further assume all economic and financial obligation resulting from any injuries or illnesses while at the softball clinic. I further release and discharge in advance the Poway Unified School District, Mt. Carmel High School, the coaches, clinicians and any involved agents or assigns, from and against any and all liability arising from my daughter's participation in this clinic. I have no knowledge of any physical impairment that would affect my daughter's participation in the clinic. If there is something the staff should be alerted to, please list.

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Emergency Phone: _____

Emergency Contact: _____ Phone: _____