

EDMONDS SCHOOL DISTRICT PRESENTS:

# Spring Fastpitch Clinic



*Edmonds Woodway High School Fastpitch wants you!*

**When:** Friday, May 17<sup>th</sup>, 9:00am-2:00pm

**Where:** Edmonds Softball Field and/or Gym

**Register by phone or mail: see information below!**

**Cost \$ 35.00**



*Who can attend?* Girls - kindergarten to 6<sup>th</sup> Grade

**Improve softball skills, learn cheers, play games and much more!**

**The first 30 participants to sign up will receive a softball clinic t-shirt**

Players will need to bring a sack lunch - we will provide a snack!

Bring your gloves (bats are optional) - Wear comfortable clothes and tennis shoes

Parents can come and stay or drop in at anytime; at 1:30 we will be having an intrasquad game for all participants (parents welcome also), so bring your video cameras.

Clinic will be over at 2:00 pm

(Please fill out front and back completely)

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER(S) \_\_\_\_\_

OTHER EMERGENCY CONTACT/NUMBER(S) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*PLEASE MAIL REGISTRATION/RISK FORM WITH ENTRY FEE TO ADDRESS BELOW:*

**Make Checks Payable to Edmonds School District or "ESD"**

**Mail** – send check & form to:

EWHS (c/o Mike Venable – Girls' Fastpitch)

7600 212<sup>th</sup> street SW

Edmonds, WA 98026

**Phone or e-mail** - leave/send

message with following info:

Parent name, child name, grade & school,

contact numbers. Please bring form

and check with you to clinic by 8:45 am!

(425) 774 – 4103 or [venablesm@aol.com](mailto:venablesm@aol.com)

## Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2013 Edmonds-Woodway Fastpitch Clinic, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of Fastpitch entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. \_\_\_\_\_  
(Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. \_\_\_\_\_  
(Parent initial)

### Medical Information

The following special health problems should be noted: \_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone \_\_\_\_\_

### Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child**. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_ Plan Number (required): \_\_\_\_\_

***All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.***

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Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give

permission for \_\_\_\_\_ who attends \_\_\_\_\_ to  
(Student) (School)

participate in the 2013 Edmonds-Woodway Fastpitch Clinic, Friday, May 17, 2013, for the purpose of practicing fundamental fastpitch skills in order to enhance skill and performance level.

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_