



De Pere Redbird Softball 2010 Spring Youth Clinic

Saturday – April 17th (April 24 – rain date)



Our Spring Youth Clinic is open to all De Pere elementary & middle school girls.
De Pere High School softball coaches and players will provide instruction.

This clinic will be held **outside**, on the De Pere High School softball diamonds.
Wear appropriate clothing for weather. Participants will be divided by age/grade.
U6 & U8 parents are welcome to participate with their child, however it's not required.

9:00 AM – 9:30 AM	U6 & U8 Registration
9:30 AM – 11:30 AM	U6 & U8 Skills Clinic
12:00 PM – 12:30 PM	U10, U12 & U14 Registration
12:30 PM – 3:00 PM	U10, U12 & U14 Skills Clinic

Cost: \$20 per participant (includes Redbird Softball T-shirt)

What to Wear – Athletic clothing and footwear for outside play
What to Bring – Glove, water bottle. Bat is optional

Food, candy & beverages will be available for purchase from our Softball Booster concession stand.
Registration is allowed on day of clinic but pre-registration guarantees a camp shirt.

Complete this portion of form and return with payment to: (checks payable to **De Pere High School Softball**)

De Pere High School Softball, Attn: Coach Klimek, 1700 Chicago St, De Pere, WI 54115

T- Shirt Size (circle one): Youth Medium Youth Large Youth XL Adult Medium Adult Large

Player's Name: _____ Age: _____ Grade: _____

Check school attending

<input type="checkbox"/> De Pere Middle	<input type="checkbox"/> Altmayer	<input type="checkbox"/> Dickinson	<input type="checkbox"/> Heritage
<input type="checkbox"/> Foxview	<input type="checkbox"/> Notre Dame	<input type="checkbox"/> Other: _____	

Address: _____ Phone Number: _____

Parent's E-mail Address: _____

We/I, the undersigned, have adequate insurance and are/am willing to take full financial responsibility for any and all Injuries sustained by our/my daughter _____ (child's name) while participating in clinic activities.

We/ I further knowingly and voluntarily waive any and all claims against and forever release the clinic, its employees, volunteers, and the Unified School District of De Pere. My insurance carrier is: _____

My insurance policy number is: _____ Our/my signature will allow a coach or designated Person to admit our/my daughter to a medical facility and/or care of a physician, if conditions warrant such action.

Parent/legal guardian signature: _____ Date signed: _____

Emergency contact number: _____

Medical concerns: _____