



# West De Pere Softball 2008 Spring Youth Clinic

Sunday – January 20, 2008  
12 PM to 4 PM



Our Spring Youth Clinic is open to all elementary & middle school DGSA softball participants, ages 6 to 14 years old. West De Pere High School softball coaches, DGSA coaches and volunteers will provide instruction.

**NEW!!**

Girls will be divided based on DGSA guidelines:  
U6 to U8 & U10 to U14

This clinic is scheduled to be at the West De Pere High School gymnasium.

11:30 AM – 12:00 PM	Registration
12:00 PM – 2:00 PM	Rotate through Softball Skill Stations
2:00 PM – 2:15 PM	Break
2:15 PM – 4:00 PM	Rotate through Softball Skill Stations

**Cost: \$25 per participant** (includes Phantoms Softball T-shirt)

What to Wear – Athletic clothing and footwear for outside play  
What to Bring – Glove, water bottle and bat (optional)

Registration is allowed on day of clinic but pre-registration is preferred

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

**West De Pere High School Softball, Attn: Keith Brunette, 665 Grant Street, De Pere, WI 54115**

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

Player's Name: \_\_\_\_\_ Dob: \_\_\_\_\_ Age: \_\_\_\_\_

Check school attending

Westwood     Hemlock     WDP Middle     OLOL

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 School District of West 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: \_\_\_\_\_