Wallace State Softball Camp

Sign up for: **Select One**

- ☐ Fielding and Hitting **$90**
- ☐ Pitching and Hitting **$90**
- ☐ Catching and Hitting **$90**
- ☐ Pitching, Catching, or Fielding Only **$60**
- ☐ Hitting Only **$60 (afternoon)**

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Home Phone: ( ) _____

School Attending: _____

Age: _____ Year of Graduation: _____

Parent's Name: _____

Work Telephone: ( ) _____

Emergency Phone: ( ) _____

Waiver of Liability and Hold Harmless Agreement - To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity, which would place my child at risk to participate in any way with the camp's activities. I am fully aware of risks and hazards connected with the camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may engage in the camps activities, whether caused by the negligence of release or otherwise. I further here by agree to indemnify and hold harmless the releasee from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to my child's participation in this camp, whether caused by negligence of releasee or otherwise. **RELEASE AND WAIVER**- I understand that this camp is operated by the individual coach's name. The camp is not in any way owned or operated by Wallace State CC. While conducting this camp, the coaches named are not acting as agents of Wallace State CC. Accordingly, I agree to release and hold harmless the Board of Trustees of Wallace State CC, its officers, agents, and employees, while acting in their capacities as such, from any and all claims or liability which may arise in any manner or form from my child's participation in this camp.

_____

Date Signature of Parent/Guardian Phone Number

Registration Deadline: **May 15, 2009**
Walk up registration: $100.
Make checks payable to: **Wallace State Softball**

Primary Position (circle one): P C 1B 2B 3B SS LF CF RF
Secondary Position (circle one): P C 1B 2B 3B SS LF CF RF

To Enroll: Mail this form and your check to:

Wallace State Softball
Attn: Coach Jayne Clem
801 Main St.
PO Box 2000
Hanceville AL 35077

Phone: (256) 777-2295
Office: (256) 352-8355
Email: wscsoftball@yahoo.com