



*West Vancouver Girls' Softball Association*

**Pre-season Player Clinics**

**Registration Form 2007**

<b>Clinic Name</b>	<b>Pitching Skills Clinic</b>
	Week of Jan 8 to week of Mar 28 (10 sessions) no sessions during spring break
<b>Days/Times</b>	<b>Monday evenings:</b> Eagle Harbour Gym. Attendees will be split into age groups starting at 6:30 pm. Exact times for age groups TBD (youngest groups will start first) <b>Tuesday evenings:</b> Chartwell Gym. Attendees will be split into age groups starting at 6:00pm. ( <b>Space on Tuesdays is very limited.</b> )
<b>Location</b>	See specific clinic, locations vary, in gym
<b>Cost</b>	<b>\$100</b>
<b>Notes</b>	For Mites and up. <b>NOTE:</b> pitchers must bring a parent or friend to be their catcher at all sessions.
<b>Equipment required</b>	Soft-soled running shoes and appropriate gym wear, softball glove, water bottle.

[Please submit a separate form for each participant]

**Clinic Name -- Pitching Skills Clinic:**  [check]

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Email address \_\_\_\_\_ Amount enclosed \_\_\_\_\_

**Please enclose check payable to WVGSA.** You may enclose one cheque for regular registration and clinic registration with both registration forms.

Clinic Waiver and Release: In consideration of this application for my child and/or myself to participate under the auspices of West Vancouver Softball Association, I do hereby for myself, heirs, executors, administrators and assigns, remise, release, and forever discharge the Association, its officers, and anyone acting on its behalf from all litigation, damage, claims, or demands in law or equity which I may have or acquire by reason of personal injury, loss or damage to property which may occur during or by reason of participation in the activities of the Association.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_