



# COMPLETE PITCHING CLINIC

## REGISTRATION FORM

This form must be completed in its entirety. Please type or print clearly.

Participant's name: \_\_\_\_\_ T-shirt size (Adult) \_\_\_\_\_

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

Coach's name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

There will be 2 beginning clinics. August 9 & 10 and August 16 & 17. Please fill in the date you wish to attend.

I hereby consent to allow my daughter to attend the Pitching Clinic on August \_\_\_\_\_, as well as the continuing post clinic open gym work outs at TBA that will continue on TBA until February 21 2009 at the Upper Deck Training Facility I fully understand that my daughter will be participating at her own risk and will hold the clinic sponsor, organizers, instructors, assistants and facility owners harmless of any and all liability as a result of this clinic.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date received : \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Each pitcher must provide their own catcher.**

The parents should learn alongside the player..

In case of rain the clinics will be pushed back until the first rainless weekend.

TYPE OF PAYMENT	COST	
Payment in advance	Clinic Fee: \$70.00	Ball \$5.50
Pay at the door	\$80.00	\$6.50

Instructor(s): John Gay and Staff 360-521-7763 johngay@softballclinics.com

Fill out the application and mail to the address below

Mail Payment To:

John Gay  
1405 NE 107 Ave  
Vancouver, WA 98664