

Ramona High School

2010

RGS Players Clinic

Ramona Girls Softball Field – Field #2

Saturday, February 6th (9:00 a.m. – 11:00 a.m. 5-10 year olds)

(12:00 p.m. – 2:30 p.m. 11-14 year olds)



Includes:

\$30/PLAYER

- Staffed by Ramona High School Softball Coaches and Players
- Skill Sessions- Warm Ups, Conditioning, Throwing & Catching, Out fielding, In fielding, Hitting, Base running & Cool Downs
- T-Shirt
- Fun, Fun, Fun!!!

All Children must have signed registration form to participate.

Registration Form

5 to 10 Year Olds

11 to 14 Year Olds

T-Shirt Size's, Youth Sm, Youth Med, Youth Lg, Adult: Sm, Med, Lg

Total Enclosed _____ Make Payment to RHS ASB Softball (Bring to clinic)

Players Last Name _____ First Name _____

Age _____ # Years Playing Softball _____ Position(s) _____

Parent Name(s) _____

Home Phone _____ Cell _____ Emergency Phone _____

Minor release

I give my permission for the minor in my custody to participate in the activity of softball and here by waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the promoters, sponsors, the Ramona School District, The Ramona Girls Softball League, The officials, the coaches, RHS players, and any involved Municipalities or other public entities (and their respective agent and employees), from and against any and all labiality arising out of or connected in any way with said minor's participation in said activity, even though that labiality may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accident occasionally occur during said activity, and that participants in said activity occasionally sustain mortal or serious personal injuries, and /or property damage, as a consequence thereof. Knowing the risks of said activity, never the less, on behave of said minor child, I here by agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above, who through negligence or carelessness, might other wise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I agree to accept and abide by the rules and regulations of the Ramona School District and The Ramona Girls Softball.

CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, accident or injury which may occur while said minors is engaged in an activity supervised by the Ramona School District and its respective agents or agencies, when the parents, guardian or designated family physician can be contacted. I hereby give consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physicians licensed under the laws of the state of California.

Date _____ Parent or Guardian Signature _____

Family Physician

Type of Coverage

Insurance Co.