

FREE Saturday Skills Day

SOFTBALL SKILLS CLINIC



🏆 **Throwing** 🏆 **Catching** 🏆 **Hitting** 🏆

The Red Oak youth softball coaches & Red Oak High School Softball Head Coach, Kennedy Candor, will be hosting a **FREE** softball skills clinic. 4 sessions for FREE! The clinic is open to all Red Oak girls in grades 3rd-7th interested in softball.

The clinic will be held at Inman Primary School. **Registration deadline is February 21, 2020.**

Clinic Dates and Times:

Saturdays at Inman Primary School



February 29th
March 7th, 14th, 21st, 28th



<u>Grade Level</u>	<u>Time</u>
3 rd - 4 th	1:00 - 2:30 PM
5 th - 7 th	2:15 - 4:00 PM

Bring your tennis shoes, softball gear and join us!
Gloves, bats and helmets will be provided if you don't have them.

ROHS
Softball
Program



FREE SATURDAY SOFTBALL SKILLS CLINIC

Red Oak Softball 3rd – 7th Grade Girls
REGISTRATION DEADLINE: FRIDAY, FEBRUARY 21ST

PLAYER NAME _____ Current Grade _____ Date of Birth _____

Street Address _____ City _____

Home Phone _____ Cell Phone #1 _____ Cell Phone #2 _____

Email Address(es) _____

Parent(s)/Guardian(s) Name _____

Emergency Contact & Phone _____

Does your child have any medical concerns? (example: diabetes, seizures, heart trouble, etc.)

FEES: NONE

Please read the statements below and check all that apply:

If given instructions, I could help run a station when needed.

We would like to participate but will have a hard time getting our son to and from the clinic sessions.
(A coach will contact you to set up arrangements for transportation.)

CONSENT TO PARTICIPATE

THE UNDERSIGNED parent(s)/guardian(s) of _____, who is a child under the age of 18 years, with understanding of the potential risks of injury to the child by reason of the child's participation in the following activity: **Saturday Softball Skills Clinic** does/do hereby consent to the child's participation in the activity.

- The potential risks of participation include, but are not limited to, the risk of injury to the child from contact with other participants and contact with or use of equipment used in the activity.
- The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in the activity.
- By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury to the child by reason of the child's participation in the activity.
- Parents also release the YMCA, now and for all time, to take and use any video/film/footage/recording/photo/narrative taken of the child while in participation of said program for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business use without any compensation to, and/or claim, by me.

THE UNDERSIGNED provide the following EMERGENCY CONTACT information to obtain consent to treat the child in the event of injury or illness during participation:

Name (must be parent or guardian) _____ Address _____ Telephone No. _____

If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.

Parent/Guardian Signature _____ Print Name _____ Date _____

Where do I return this form?

Forms can be dropped off at the YMCA. **Questions about the clinic?** Call YMCA at 712 -623-2161