

# SOUTH COUNTY BOOSTERS PRESENTS

## SOFTBALL SKILL-BUILDING CLINIC

The South County SS Athletic Boosters are sponsoring a softball skill-building clinic this Winter.

The clinic will be station based and provide stations for hitting, throwing, infield, outfield, bunting, sliding, and fitness.

The clinic will be offered to girls' ages 8 through 13. Instruction and supervision at the clinics will be conducted by the **South County Softball coaching staff, and area Travel coaches**. We attempt to put girls with similar skill levels together. If your child has concerns about the age or skill level of the group she is assigned, please contact any of the coaches to be moved to a more suitable group.

**Sunday, December 4, 2011                      12:00-3:00                      Main Gym**

**Sunday, December 11, 2011                      12:00-3:00                      Main Gym**

**Sunday, December 18, 2011                      12:00-3:00                      Main Gym**

The cost to participate is \$80 for all three sessions. Registration is limited. Please register EARLY. Clinic was completely full last year, so please get your checks in early. Teams of 8 or more players \$70 each.

Please complete the registration form below and return with a check made payable to SCSSABC.

**Mail your registration and check to: SCSSABC c/o Softball Clinic, 8068 Athena Street, Springfield, VA 22153. Email Gary.Dillow@npd.com or call 703-587-4517 for further information.**

( PLEASE PRINT CLEARLY )

Name of <b>Player</b> :	Shirt Size (AS, AM, AL, AXL, YM, YL):	Age/School Attending:
Name of Parent:		
Street:	City:	Zip:
Home Phone:	Cell Phone:	Email: <b>(Please print clearly) IMPORTANT!</b>
		Repeat email again below: PRINT CLEARLY
Skill Level (Beginner, Inter. Advanced)	List any allergies, special conditions, and/or special needs:	

Parents: Please read the following and sign below:

I hereby authorize the staff at the South County Winter Softball Clinic to use their best judgment in any emergency requiring the use of local emergency facilities. I also certify that my child is physically able to participate in all activities. I assume all risks associated with participating in the program, including but not limited to falls, contact with other participants, and the effects of weather. I also fully understand that the South County Softball Clinic does not provide medical insurance. Registration requires that a parent/guardian sign below, agreeing that in the case of an accident involving your child while attending the clinic, he/she releases the clinic, sponsor, counselors, and directors from any and all liability. We will attempt to reschedule if inclement weather occurs, but we cannot guarantee the availability of the facility. We are unable to provide refunds because the funds are used to purchase shirts and equipment for the clinic when your check is received.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_