Fall softball Clinic

Hosted by Lady Tritons

at San Clemente High School

Please join the San Clemente High School Softball coaches and players on September 23, 2017 from 9:00 a.m. to 12:00 p.m, for a softball camp at the San Clemente High School softball fields. All ages are welcome.

The instruction will be divided into skill and age levels. *This is a great way for the girls to improve their skills while being instructed by high school players and coaches.* Hitting fundamentals, pitching mechanics, fielding skills, out fielding skills and base running will all be taught.

This camp is hosted by the Triton Booster Club – Softball. The donation for the camp is $35.00 per participant, $20.00 for second family member. Please contact John Openshaw with any questions or confirm your attendance by calling 949-310-0103 or emailing John at [openshawjohnr@gmail.com](mailto:openshawjohnr@gmail.com)

Please have your child bring **water** and their **softball gear**.

Please make checks payable to: TBC-Softball mailed to 2532 Calle Jade, San Clemente, CA 92673

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**SCHS Girls Softball Application and Waiver**

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_

Additional second family member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_

T-shirt Size: \_\_\_\_\_\_\_\_ Y or A (circle one)

Parent(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### I/ We the parent(s) or guardian(s) of the above mentioned child attending and participating at her own risk the SCHS softball clinic, authorize Bill Malcolm and his staff to act for me in any emergency, and there by waive and release CUSD, SCHS, Bill Malcolm, and the SCHS softball clinic staff from all liability for any and all injuries or damage that may have been received or caused during the above stated clinic.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The Constitution of the State of California requires that we provide a public education to you free of charge. Your right to a free education is for all school/educational activities, whether curricular or extracurricular, and whether you get a grade for the activity or class. Subject to certain exceptions, your right to a free public education means that we cannot require you or your family to purchase materials, supplies, equipment or uniforms for any school activity, nor can we require you or your family to pay security deposits for access, participation, materials, or equipment.*