

TROJAN SOFTBALL

2019



CLINIC

WHO: ANY ATHLETE ENTERING THE GRADES BETWEEN 2ND TO 9TH

DATE: TUESDAY, MAY 28TH – THURSDAY, MAY 30TH

PLACE: ANDOVER HIGH SCHOOL SOFTBALL FIELDS (WEATHER PERMITTING)
1744 N. ANDOVER ROAD, ANDOVER, KANSAS 67002

TIME: 4:30 – 7:00 P.M.

PRICE: \$60.00—CHECKS MADE PAYABLE TO: *AMISHA DANIELS*

ACTIVITIES: THE CLINIC WILL GO OVER THE FUNDAMENTALS OF HITTING, FIELDING, THROWING AND BASE RUNNING. ATHLETES WILL BE SEPARATED BY THEIR AGES AND ABILITIES AND TAUGHT AGE APPROPRIATE DRILLS AND SKILLS.

REGISTRATION: (DUE BY MAY 1ST FOR GUARANTEED T-SHIRT SIZE)

TO REGISTER SEND THE FORM BELOW BY MAIL ALONG WITH CHECK OR MONEY ORDER TO:

AMISHA DANIELS
1127 BRIARCLIFF CIR.
WICHITA, KS 67207

IF YOU HAVE ANY QUESTIONS OR WOULD LIKE TO REGISTER THE DAY OF THE CAMP PLEASE CONTACT COACH DANIELS AT DANIELSA@USD385.ORG OR (620) 205-9881 TO CONFIRM A SLOT FOR YOUR ATHLETE IN THE CLINIC. CHECK IN WILL BE AT 4:00 P.M. ON MAY 28TH AT THE ANDOVER HIGH SCHOOL SOFTBALL FIELD. (BEHIND SCHOOL)

PARTICIPANTS NAME _____ PHONE _____

ADDRESS _____

E-MAIL _____ INCOMING GRADE IN SCHOOL _____

T-SHIRT SIZE (SPECIFY YOUTH/ADULT) _____

PARENTAL RELEASE AND INDEMNITY AGREEMENT

UPON ACCEPTANCE OF THIS APPLICATION, MY MINOR CHILD (_____) WILL BE ELIGIBLE FOR PARTICIPATION IN THE ANDOVER SOFTBALL CLINIC. I AGREE TO RELEASE ANDOVER HIGH SCHOOL AND ITS EMPLOYEES AND COACH AMISHA DANIELS AND STAFF, FROM ALL CLAIMS ON ACCOUNT OF INJURIES OR LOSSES WHICH MAY BE SUSTAINED BY MY MINOR CHILD WHILE ATTENDING CAMP.

PARENT SIGNATURE _____ DATE _____

EMERGENCY CONTACT _____ PHONE# _____