girls inc. of TN Valley

Girls Inc of Tennessee Valley

Softball Hitting and Pitching Clinic

Please Return Forms to:
Girls Inc of Oak Ridge
1798 Oak Ridge Turnpike, Oak Ridge, TN 37830
OR
Email to: atinsley@girlsinctnv.org

Registration Form

Player's Name: _____
Last First Middle Initial

D.O.B._____ Age: _____ Grade: _____ Email Address:_____

Dates & Fees

Clinic Dates - *Please Check one or both*

☐ **Saturday, July 24th**

☐ **Saturday, August 7th**

☐ 1st Session : 9:00-10:30 -Pitchers ONLY (All Ages)
(Included with cost of 2nd or 3rd session)

☐ 2nd Session: $45 11:00-1:00PM - Ages 8-10

☐ 3rd Session: $45 1:45-3:45PM - Ages 11-14

Payments can be made by Cash, Check or Card in person at Girls Inc of Oak Ridge: 1798 Oak Ridge Turnpike, Oak Ridge, TN 37830 **or online at https://www.girlsinctnv.org/athletics/**

Parent/Guardian: _____ Zip: _____

Address: _____ City: _____ State: _____

Home Phone: _____Work: _____Cell: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

_____
Signature of Parent or Guardian

LIABILITY WAIVER

I, the parent or guardian of the registrant, a minor, agrees that I and the registrant will abide by the rules and regulations of Girls Incorporated of Tennessee Valley, recognizing the possibility of physical injury associated with sports and in consideration for Girls Incorporated of Tennessee Valley accepting the registrant for its sports program and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify Girls Inc of Tennessee Valley, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize.

_____ _____ _____
Parent or Guardian (Print) Signature Date