



2019 Windham High School Winter Youth Softball Clinic

When: The following Sundays: 1/6, 1/13, 1/20, 1/27, 2/3, 2/10, 2/24, 3/3, 3/10 and 3/17 (3/24 make-up day if necessary)

Time: 4:30 – 6:30pm

Location: Windham High School Main and Auxiliary Gyms

Eligible: Girls entering grades 3-8

Sign up: **Register at the door** *or* completely fill out and send the below form and registration fee (checks payable to **Windham High School**) to:

Windham High School Athletic Department
C/O Fred Wilcox
406 Gray Road
Windham, ME 04062

Fee: \$100 for one player; \$50 for each additional sibling
Please contact Fred Wilcox at ffw322@yahoo.com with any questions.

Remind App: We will use Remind app to send out any changes in schedule due to inclement weather. **Please join the class using code @2019whsy to receive notifications and updates regarding clinics.**

What should the player bring: A glove and water are the only items required; however, if your daughter has her own bat or helmet, she's encouraged to bring those items

2019 Winter Youth Softball Clinic

Registration Form

Child's Name: _____ Grade: _____

Parent/Guardian Name(s): _____

Phone # (s): _____

Email: _____

Make checks payable to **Windham High School**

The undersigned hereby expressly release and hold the Town of Windham and its agents and employees from any and all claim suits, actions and damages arising out of, connected with or resulting from participation in Windham Softball. Further, I understand that there are inherent risks and dangers in softball, and I accept the responsibility to provide accident insurance for my child. My child can participate in athletics, and I know of no current health risk that would limit her participation in this program. I give permission for the adult staff involved in the softball program to sign for medical assistance for my child should I be unable to be reached at the number provided on this form, including ambulance transportation if necessary.

Signed: _____ Date: _____

Insurance Company: _____

Policy Number: _____

Known relevant medical conditions or allergies:
