GHS Softball Clinic 2018 - Registration Form

1. Email address:

2. Player's Name:

3. Player's Age:

4. Player's School Grade for 2017-2018 Academic Year:

5. Parent/Guardian Name:

6. Parent/Guardian Address:

7. Parent/Guardian Home Phone Number:

8. Parent/Guardian Cell Phone Number:

9. Emergency Contact Name (other than prior listed):

10. Emergency Contact Phone Number (other than prior listed):

11. Payment is expected on day of registration via cash or bank check in the amount of $75.00. Checks should be made out to "GHS Softball Boosters". Please check off your method of payment. Please write athlete name and "softball clinic" on the memo line. Thank you.

Cash or check #

12. Agreement to Emergency Medical Treatment: I authorize the Athletic Director and/or Coach and/or Athletic Trainer/EMT, and/or Volunteer to act for this athletics participant according to their best judgment in any emergency requiring medical attention when unable to reach me.

Parent/Guardian - Signatory must be older than 18 . Accepted by person that signs below :

13. PARENT CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT We the undersigned father, mother or guardian(s) of (this above named player) , a minor, do hereby consent to his/her participation in voluntary athletic or recreation programs of the (Town/City) and/or the Public Schools of Gloucester, MA and do forever RELEASE, acquit, discharge and covenant to hold harmless the City of Gloucester, MA , a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his majority resulting or to result from his/her participation in the voluntary athletic or recreation programs of the (Town/City) and/or the Public Schools of Gloucester, MA ; FURTHERMORE, we/I hereby agree to protect the City of Gloucester, MA and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his participation in the voluntary athletic or recreation programs of the (Town/City) and/or the Public Schools of Gloucester, MA, and to INDEMNIFY, reimburse or make good to the (City) or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the City or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said sports programs.

Parent/Guardian - Signatory must be older than 18 . Accepted by person that signs below:

14. Please feel free to add any information that may be helpful for volunteers to know when working with your child/player.