



Xavier High School
 2017 Softball Clinic
 Saturday, April 1 (Grades 3-8)

 Offensive & Defensive Fundamentals 9:00 AM- 12:00 PM

Cost: \$45

Make checks payable to Xavier Catholic Schools.

TO REGISTER:

Mail check and registration form to: Softball Clinic, Xavier High School, 1600 W. Prospect Ave., Appleton, WI 54914.

STUDENT INFORMATION:

Name: _____ Grade: _____ Cell Phone: _____

School: _____ Email: _____

T-Shirt Size: Youth ___ S, ___ M, ___ L ; Adult ___ S, ___ M, ___ L, ___ XL

The undersigned parents, parent, or guardian of _____, a participant in the Xavier Clinic, do hereby waive, release, and relinquish any claim or cause of action against Xavier High School, its officers, officials, a team member, and other persons, directly or indirectly involved in its activities arising out of the participation of the above named minor in said program. As parent/parents or guardian, we assume all risks and hazards incidental to the activities of Xavier, including transportation to and from the place of the activity.

As parent/parents or guardian we hereby authorize the director to provide medical and/or emergency medical and surgical care recommended by a qualified physician if the nature and time limitation of the emergency does not permit notification of said adults. Parent/parents or guardian will be notified as soon as possible concerning the occurrence and circumstances of the emergency.

Parent Signature: _____

Date: _____

Any additional questions can be emailed to Coach Visocky, Peggyvisocky@gmail.com.