

# **YOUTH SOFTBALL CLINIC**

**SPONSORED BY FAYETTE COUNTY PARKS AND  
RECREATION DEPARTMENT**

Participants will learn the basic skills of softball in a fun and non-competitive environment. Players will participate in hitting and fielding skills that will not only introduce them to the skills but will also take them to the next level of play.

Participants will receive quality instruction from **Georgia Pressure Fast Pitch** instructors as well as receive a clinic t-shirt.

**WHEN: SATURDAY, FEBRUARY 28, 2009**

**WHERE: MCCURRY PARK SOFTBALL FIELDS**

**TIME: 10:30 AM CHECK IN TIME  
11:00 AM TO 3:00 P.M. INSTRUCTION TIME**

**AGES: 6 TO 18 YEARS OF AGE**

**FEE: \$25 PER PLAYER PRIOR TO FEBRUARY 25  
NON-RESIDENTS WILL BE CHARGED A  
50% SURCHARGE**

**PARTICIPANTS WILL NEED TO BRING GLOVE,  
BAT, HELMET, CLEATS AND WATER BOTTLE  
WITH THEM TO THE CLINIC.**

**FOR MORE INFORMATION CONTACT THE PARKS AND  
RECREATION DEPARTMENT AT 770-716-4320**

# SOFTBALL CLINIC REGISTRATION FORM

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

T-SHIRT SIZE:

Please circle the appropriate area listed below for where you live:



Fayetteville

Unincorporated Fayette County

Town of Brooks

PTC

Town of Tyrone

Woolsey

Another County (ADD 50% Surcharge to printed fee)



The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of Fayette County Parks and Recreation Department to seek immediate medical attention for myself/my child.

I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Fayette County Parks and Recreation newsletter, brochures, flyers, on the County and department web sites, and in any other publications produced for the Fayette County Parks and Recreation Department. Consent is also granted for any use of my name /child's name in any part of those publications listed above. I have read this document and am fully aware of the content and limitations, legal and otherwise.

Do you need a modification due to a disability to enjoy this program? Circle one: Yes or No

Print and sign guardian's name clearly

Date

Witness

Date

**Mail all registration forms to: Fayette County Parks and Recreation Department  
140 Stonewall Avenue West, Fayetteville, Georgia 30214**

**Make checks payable to: Fayette County Parks and Recreation Department**

For office use only: INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ CASH/CHECK \_\_\_\_\_