

**APPLICATION FORM  
(PLEASE PRINT)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
School \_\_\_\_\_  
Grade \_\_\_\_\_  
Defensive \_\_\_\_\_  
Position(s) \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

**PARENTAL CONSENT**

In consideration for allowing my child to participate in this Clinic, I do hereby authorize the directors of Softball Clinic to act for me according to their best judgment in any emergency medical situation. If under their care, I waive any and all claims for myself or child, my heirs and assigns against and hereby release Mike Leverett and Jonathan Holley, as well as any person assisting on a voluntary basis, of any liability arising out of my child's participation in this Clinic. I further certify that my child has no physical or medical problem which will effect her ability to participate in the Clinic.

NO CLINIC INSURANCE is provided. I hereby accept any liability that may occur as a result of injury at the Clinic.

\_\_\_\_\_  
Parents Signature                      Date

**Lady Dogs  
Softball Clinic**

will be held at Patriots Park  
Softball fields  
In case of inclement weather,  
sessions will be moved to the  
Gymnasium

We encourage you to register  
early!

MAIL APPLICATIONS TODAY!!!

Donna McNair  
1596 Hinton Wilson Rd  
Harlem, Ga 30814

Cost - \$80.00 Siblings \$60.00  
CCOBE EMPLOYEES \$70.00

APPLICATIONS DUE BY JUNE 30

Clinic Objectives

To provide fundamental drills in  
batting and fielding.  
To teach using competitive team  
game situations.

Daily Instruction Includes:

- Agility Training
- Proper Throwing Technique
- Fielding Fundamentals
- Defensive Positions
- Hitting Mechanics
- Base Running

**COLD DRINKS  
WILL BE PROVIDED**

**\*\*\* EVERYONE WILL NEED  
TO BRING A SACK LUNCH**