

4th Annual ULTIMATE GAME Softball Clinic

Lauren Lappin, Vicky Galindo, Diane Ninemire, Kellie Wilkerson,
L.B. Bailey, Rob Crews, Bridget Orchard, Emily Friedman,
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CLINIC FEE:	PLAYERS: \$215 (until November 15) \$240 (after November 15)	
	COACHES: \$80	
REGISTRATION: (Pre-Registration is Required)	Online: www.playballgroup.com Once you submit payment online, please sign the waiver of liability on this form and fax to 914-663-4379 to complete your registration	By Mail: Mail this form with a check made payable to: PLAY BALL GROUP MAIL to: Play Ball Group, LLC 660 White Plains Road Ste. 120 Tarrytown, NY 10591
	LIMITED SPACE AVAILABLE Refunds will be not issued for cancellations on or after November 19, 2009	

SESSIONS: GROUP 1 (DEC 5: 9:00AM-12:30PM & DEC 6: 1:00PM- 4:00PM)
Please select your preference ** GROUP 2 (DEC 5: 1:30PM- 5:00PM & DEC 6: 9:00AM-12:00PM)
 NO PREFERENCE FLEXIBLE FOR EITHER GROUP 1 or 2
Athlete's T-Shirt Size: please circle Y. Large / A. Small / A. Med. / A. Large / A XL

***Sessions will be filled on a first-come, first-served basis. You will be notified via email of your session placement. We will do our best to accommodate your requested preference.*

Do you want Pitching Instruction? YES NO If yes, you must provide your own catcher or parent-catcher.

Do you want to be included in the Slapping Specialty Breakout Group? YES NO

ATHLETE'S NAME _____ DATE OF BIRTH _____ GRADE _____

SCHOOL _____ PRIMARY POSITION _____ SECONDARY POSITION _____

TRAVEL TEAM _____ PARENT/GUARDIAN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL (PARENT) _____ EMAIL (PLAYER) _____

HOME PHONE _____ MOBILE PHONE _____

EMERGENCY CONTACT _____ PHONE# _____

MEDICAL INSURANCE CARRIER _____ POLICY NUMBER _____

WAIVER OF LIABILITY, ASSUMPTION OF RISK, MEDICAL PERMISSION AND IMAGE RELEASE

The undersigned, parent/guardian of _____ (the "Child"), voluntarily makes and grants this Waiver of Liability and Assumption of Risk in favor of Play Ball Group, LLC (the "Company"), as consideration for the opportunity for my Child and I to use the facilities, equipment, materials and/or other assets of the Company; and/or to receive assistance, training, guidance, tutelage and/or instruction from the personnel of the Company, its directors, coaches, staff, volunteers, or instructors; and/or to engage in the activities, events, sports, festivities and/or gatherings sponsored by the Company. I acknowledge that my Child and I are participating in these activities on our own time and of our own choice and assume all risk in connection thereto. I know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Company from any and all liability connected with our participation in the aforementioned recreational activities, and from any claim arising out of any injury to myself and my Child whether the result of negligence or from any other cause. I hereby authorize the staff of the Company to act for me in any situation the staff believes requires medical attention. I have no knowledge of any physical impairment that would be affected by the Child's participation in the program. Medical insurance shall be my (Parent/Guardian) responsibility unless stated in writing otherwise. I also hereby grant Play Ball Group, LLC and the 2009 Ultimate Game Softball Clinic the irrevocable and unrestricted right to use and publish photographs, video, and/or audio of my child, for electronic reproductions and/or promotional materials or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restriction; and to copyright the same.

Parent/Guardian Signature _____ Date _____

Player/Attendee Signature _____ Date _____