



WTYA PONYTAIL SOFTBALL CLINIC

*Saturday March, 2014
Warren Hills Middle School
Grades K - 2nd
10am to 12pm*

Instructed By Washington Twp. Varsity Softball Players & Coaches

- * Fielding * Throwing and Catching
- * Batting* Base Running

Bring: Helmet, glove, and bat (optional), **NO Cleats**

Sign-up: On Line at the Ponytail Clinic link at www.wtya.org or Mail-in (Reg Due by 2/21)

Questions Call Veronica or Josh DeVoe at 908-507-9876 or 908-689-6077

For 2014 WTYA Softball Sign-ups see www.wtya.org

PLEASE PRINT CLEARLY

Player's Name _____ Age _____ Grade _____

Email Address: _____ Phone _____

(required for changes/cancellations due to weather)

School _____

Shirt Size _____

I understand that there are certain risks of injury inherent in the practice and play of softball, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I hereby waive, release and hold harmless the Washington Township Youth Association, Inc .and the Washington Twp. Board of Education: their trustees, officers, directors, assistants, employees, coaches, sponsors, referees, supervisors, players and representatives from any and all claims arising out of such injury that may be suffered by my child or myself as a participant or spectator in the normal course of participation in the softball clinic and the activities incidental thereto, whether the result of negligence or any other cause. I understand that the WTYA is not responsible for providing Medical/Accident Insurance. In the event that the above named child is injured and I cannot be reached in an EMERGENCY, I hereby give my permission to any physician to secure proper treatment for, and if required to hospitalize, order injections, anesthesia or surgery for my child.

Checks Only Please

Checks Payable to WTYA:
WTYA-Softball
PO Box 163
Washington, NJ 07882

Signature Parent/Guardian _____ Date _____

Ponytail Skills Clinic _____ **\$20.00**

Non-WTYA Players (added per player) _____ **\$5.00 (insurance rider)**