

NAUSET WARRIORS SOFTBALL CLINIC REGISTRATION FORM

*PLEASE FILL OUT AND RETURN FORM TO:

HAROLD PINI, NAUSET WARRIORS HEAD SOFTBALL COACH @HAROLDPINI@COMCAST.NET OR
MAIL: 10 WINCHESTER AVE W. YARMOUTH, MA 01673
BY November 30th, 2020

ATTENDEE NAME:

ATTENDEE BIRTHDATE:

ADDRESS:

CITY:

PHONE:

GRADE as of 9/2020:

EMERGENCY CONTACT:

NAME:

RELATION:

PHONE:

EMAIL:

ANY KNOWN ALLERGIES:

Please enroll the above signed. I understand that neither Nauset Regional High School nor anyone associated with the Softball clinic including but not limited to the volunteer coaches, will assume responsibility for an accident or medical expense incurred as a result of participation in this softball clinic program. The applicant is in good health and is able to participate in physical activity of a vigorous program. In the event of an injury, the softball clinic program and its volunteer coaching staff have my permission to PROVIDE/ACQUIRE MEDICAL CARE or ASSISTANCE.

SIGNATURE OF PARENT/LEGAL GUARDIAN:

Date: