





# Girls Softball Hitting & Pitching Clinic



  
2010

Grades 3-8: Saturday, March 20<sup>th</sup>,

11:30am - 1:30pm

Timberlane Gym  
\$30 per player

Play ball! Young softball enthusiasts can register now for this pre-season clinic led by Hopewell Valley CHS Varsity Softball Coach Lois Fyfe and Assistant Coach Gary Nucera. This clinic will be more specific to drills to improve hitting and pitching skills. Campers should dress in gym clothing and bring their own gear and drinks. Registration is limited to the first 60 applicants. **Deadline to register is Tues. 3/16.**

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Participant Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(Street) (Town) (State) (Zip  
Code)

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.*

**HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE:** Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize

emergency medical care for my child/children during attendance in the Softball program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*SIGNATURE OF PARENT:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

Please make checks payable to:        HOPEWELL TOWNSHIP PARKS & RECREATION  
DEPT. (HTPRD)  
Amt. Enclosed \_\_\_\_\_        201 Washington Crossing–Pennington Road,  
Titusville, NJ 08560



**For additional information call 737-3753.**