

# Taunton Girls Softball League

P.O. Box 2291

Taunton, MA 02780

(508) 823-1945

www.tauntongirlssoftball.org



**TGSL use only:**

\$ \_\_\_\_\_

Check # \_\_\_\_\_

## 2009 PITCHING & SKILLS CLINIC FORM

Please prepare a separate clinic registration form for each child in the family

Last Name:		First Name:		Telephone:		Date of birth:	
Street:		City:		Zip Code:		Team you played on this year:	
No. years in Pitching Clinic:		Family Email:		Mother's cell phone:		Father's cell phone:	

**Please circle:**                      *Sisters pay 1/2 price*  
**Pitching \$60      Skills \$40      BOTH \$80**  
**Catching \$0\***  
**Total Paid      \$**

**Parent or guardian's signature**  
*My child is a current member of the TGSL. I understand that all waivers and releases included with her 2008 registration are still in effect.*

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\*A limited number of catching clinic spots are available during Sessions 2 and 3. Must be 9 or older. Catching clinic begins 1/14/2009.

### PITCHING & SKILLS CLINICS

**Pitching Clinic** will begin on **Wednesday, December 3, 2008**, at the Friedman Middle School gym. This 12-week, three-level clinic will instruct the girls in skills to carry them into the 2009 season.

Session 1 - 5:45-6:45

Session 2 - 6:45-7:45

Session 3 - 7:45-8:45

**Catching Clinic** will begin on **Wednesday, January 14, 2008**.

**Skills Clinic** will begin on **Tuesday, January 6, 2009**, for 10 weeks. This clinic will help to develop fundamental batting, fielding, and base running skills. We need coaches to step forward to assist in running this clinic.

Session 1 - 7:30-8:30

Session 2 - 8:30-9:30

Players are assigned to the clinics based upon age and experience. Clinics are 1 hour in length and begin after 5:30 p.m. Use the form on this newsletter or on the website to register. **Please list an e-mail address** that we can use to notify you of the session to which you are assigned. If you have no e-mail address, we will telephone you. If you do not hear from us 3 days before the clinic start date, please e-mail us.

In consideration of this registration being accepted, I/we the parents of the above named child, hereby give my/our approval to her participation in any and all league activities; and I/we assume all risks and hazards incidental to such participation and hereby for myself/ourselves, heirs, executors, and/or administrators, waive and release any and all right and claim for damages I/we may have against the Taunton Girls Softball, Inc., its agents, representatives, and successors. And I/we further hold harmless supervisors and persons transporting my/our daughter whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. Other participants may be held harmless.

And I/we agrees to return upon request equipment issued to my/our daughter in as good a condition as when received except for normal wear and tear. And I/we understands that it is my/our responsibility to provide transportation to my/our daughter to and from the practice area for all activities associated with the league.

And I/we certify that the applicant is in good health and able to participate in the physical activity of a vigorous program. The league has my/our permission to provide emergency medical care in the event that my/our daughter is injured or ill. And I/we authorize Taunton Girls Softball, Inc., to provide medical treatment, if necessary, and I/we agree to pay reasonable charges for such.