



South Lakes Athletic Boosters Winter Softball Clinics

For Ages 8 - 17

(Note: you can also register online at www.southlakesathletics.org under Boosters tab)

Camper Name _____ Age as of 1/1/2018 _____ Grade in Fall 2017 _____
Home Phone Number _____ Adult T-Shirt Size (S,M,L,XL,XXL) for full session campers _____
Home Address—Street _____ Home Address—City, State, Zip _____
Parent/Guardian Name _____ Parent/Guardian Cell Phone _____
Parent/Guardian Email _____
Emergency Contact Name/Contact Phone _____

Clinic Selection (Age as of 1/1/2018)* - All sessions held on Sundays at the South Lakes HS Gym,
January 7, 14, 21, 28 and February 11, 18, 25 (excl. 2/4)

Ages 8-10 - Each clinic is \$90 for all 7 sessions or \$20 per session at the door; Any two clinics for \$160; All three clinics for \$210

_____ Pitching*, 4-5pm _____ Hitting, 5-6pm _____ Defense, 6-7pm

Ages 11-13 - Each clinic is \$90 for all 7 sessions or \$20 per session at the door; Any two clinics for \$160; All three clinics for \$210

_____ Defense, 4-5pm _____ Pitching*, 5-6pm _____ Hitting, 6-7pm

Ages 14-17 - Each clinic is \$90 for all 7 sessions or \$20 per session at the door; Any two clinics for \$160; All three clinics for \$210

_____ Hitting, 4-5pm _____ Defense, 5-6pm _____ Pitching*, 6-7pm

*Pitchers must bring their own catcher to the clinic or they will be unable to pitch.

Family and team discounts also available!

Two or more siblings registering for one session each for \$80 each session

Six or more players from a team registering for one session each for \$80 each session

Siblings and teammates desiring the discount should submit their registrations together.

Medical Waiver: I hereby state that my child is in good normal health and has my permission to participate in all activities of these clinics. In addition, I authorize the South Lakes Clinic Staff to act for me in securing medical treatment for my child in the event of injury or illness. A registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending any South Lakes Clinic they release the Clinic, Sponsor, Counselors and Director from any and all liability, and that the South Lakes Athletic Boosters cannot assume responsibility for medical, dental or other health expenses incurred as a result of my child's participation in the clinics.

_____ (Parent/Guardian Signature)

Please send this completed form and a check for the total fee, payable to South Lakes Athletic Boosters, to the following address or bring to the first camp session:

SLHS Athletic Booster Club
Attn: Kelly Stiehl, Finance Team
11400 South Lakes Drive
Reston, VA 20191

Questions? Email seahawkboostertreasurer@outlook.com