

# Gustavus Softball Clinics Registration Form

Please complete registration form/medical release and send full payment by check addressed to  
**Gustavus Softball to:**

*Gustavus Adolphus College  
Britt Stewart/Softball  
800 West College Drive  
St. Peter, MN 56082*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Name: \_\_\_\_\_ Grad Yr/Grade: \_\_\_\_\_  
Summer/Club Team: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Camper/Parent Email: \_\_\_\_\_

Primary Position: \_\_\_\_\_

Secondary Position: \_\_\_\_\_

I am attending: \_\_\_\_\_ Feb 17<sup>th</sup> (Advanced Skills: 7<sup>th</sup>-12<sup>th</sup> grade)

\_\_\_\_\_ Feb 17<sup>th</sup> (Skills: 3<sup>rd</sup>-7<sup>th</sup> grade)

\_\_\_\_\_ Session 1 Only (\$60) \_\_\_\_\_ Session 2 Only (\$70) \_\_\_\_\_ Both Sessions (\$110)

**Choose a Tshirt Size:** Adult Small      Adult Medium      Adult Large      Adult Extra Large

## **INSURANCE DISCLAIMER (must sign to participate):**

I, the undersigned, hereby certify that I am at least 18 years of age or if under 18, a parent or legal guardian of the applicant. I hereby grant permission to the applicant to attend the Gustavus Adolphus Winter Softball Clinics and to be treated by a licensed physician or member of the school's training staff in the event of any injury, accident, or illness during the clinic. The undersigned applicant (parent/guardian if under 18 years of age) understands that they will be engaging in physical activity during the camp that contains inherent risk of physical injury. I, the undersigned, for myself, my heirs, executors, and administrators, waive, release, and forever discharge Gustavus Adolphus College and the Gustavus Adolphus Softball and its staff, officers, agents, employees, representatives, successors, and assigns from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in clinic activities while at the clinic.

Parent/Guardian Signature (under 18) \_\_\_\_\_ Date \_\_\_\_\_ Applicant  
Signature (18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Phone Number(s) \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_