

Spartan Softball Clinic

February 23, 2019

Hosted by: Saraland Middle School Softball Team

Grades: K-6th

Time: 2:30 p.m.– 5:30 p.m.

Cost: $30

Location: SMS Softball Field

Register with Korie Fontenot by email:

[KFontenot@saralandboe.org](mailto:KFontenot@saralandboe.org)

Register by mail: Saraland Middle School

401 Baldwin R. Saraland, AL 36571

Make check payable to: SMS Softball

\*\*Must register by February 8th to guarantee t-shirt\*\*

Spartan Softball Clinic

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle T-Shirt Size**: YS YM YL YXL AS AM AL AXL

**Cirle Payment Option**: Pre-Pay Pay @ Clinic

Parent Consent Form: I hereby authorize the staff of the Spartan Softball Team to act for me according to their best judgment in any emergency requiring medical attention, and herby waive and release Saraland Middle School and Softball Team from any and all liablility for any injuries while in the clinic.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_