

2023

ALAH KNIGHTS SOFTBALL

POSITION AND HITTING CAMP

JULY 17 – 20

8:30 – 10:00 ENTERING GRADES 3 – 5

10:15 -12:00 ENTERING GRADES 6 – 8

REGISTRATION FORM

PARTICIPANT(S)

GRADE LEVEL

T – SHIRT SIZE

PARENTS/GUARDIANS NAME: _____

PHONE #: _____ EMAIL: _____

CAMP INFORMATION

1. FEE: A NON-REFUNDABLE FEE OF \$40.00 IS DUE FOR ALL PARTICIPANTS.
2. EVERY CAMPER WILL RECEIVE A T-SHIRT.
3. CAMP STAFF INCLUDES THE PRESENT HIGH SCHOOL AND JR. HIGH SCHOOL COACHING STAFF, AS WELL AS PAST AND PRESENT PLAYERS OF KNIGHTS SOFTBALL.
4. GROUPS WILL BE FORMED BY AGE AND/OR ABILITY LEVEL FOR THE SAFETY OF THE PARTICIPANTS.
5. CAMP INSTRUCTION WILL COVER FUNDAMENTALS OF THROWING, FIELDING, HITTING, AND BASERUNNING.
6. PLEASE MAKE CHECKS PAYABLE TO **KNIGHTS SOFTBALL**.
7. MAIL REGISTRATION FORM AND CHECK TO: JERRY LANE, 314 W. SCOTT ST. SULLIVAN, IL 61951, OR CALL IN YOUR REGISTRATION TO 217-460-0285 AND BRING THE REGISTRATION FORM AND CHECK ON THE FIRST DAY OF CAMP.
8. MY EMAIL ADDRESS IS: lanej@cusd305.org
9. PLEASE DON'T HESITATE TO CALL/EMAIL ME IF YOU HAVE ANY QUESTIONS.

WAIVER AND RELEASE OF ALL CLAIMS

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN REGISTERING YOUR CHILD FOR PARTICIPATION IN THE ABOVE PROGRAM, YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOUR CHILD MIGHT SUSTAIN DURING PARTICIPATION IN THE ABOVE PROGRAM.

I RECOGNIZE AND ACKNOWLEDGE THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPANTS IN THE ABOVE PROGRAM, AND I AGREE TO ASSUME THE FULL RISK OF ANY SUCH INJURIES, DAMAGE OR LOSS REGARDLESS OF SEVERITY THAT MY CHILD MAY SUSTAIN AS A RESULT OF PARTICIPATING IN ANY ACTIVITIES CONNECTED OR ASSOCIATED WITH ANY SUCH PROGRAM. I WAIVE AND RELINQUISH ALL CLAIMS I MAY HAVE AGAINST CUSD 305 AND ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES AS A RESULT OF PARTICIPATING IN THE ABOVE PROGRAM. I HEREBY FULLY RELEASE CUSD 305 AND ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS FROM INJURIES, DAMAGE, OR LOSS WHICH MY CHILD MAY HAVE OR ACCRUED DURING THE ABOVE PROGRAM.

I UNDERSTAND THAT UNLESS SPECIFICALLY STATED IN WRITING AT THE TIME OF REGISTRATION, PHOTOGRAPHS MAY BE TAKEN.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER AND RELEASE ALL CLAIMS.

PARENT/GUARDIAN SIGNATURE _____ DATE _____