Kellogg Community College

Softball Clinic

January 31, 2016
Miller Physical Education Building

$40

Registration Deadline: January 22, 2016

These 4-hour clinics, hosted by Kellogg Community College’s Softball Team and Coaches, will cover both defense and hitting. Participants should come “ready to play” and bring their glove, helmet, bat, snack, and a water bottle. All students registered by the January 22nd deadline will receive a t-shirt.

Registration is handled through KCC’s Lifelong Learning Office. To register your child, please complete the registration form and release & waiver of liability and either fax it to 269.565.2129 or mail with payment to: Lifelong Learning, 450 North Ave, Battle Creek, MI 49017. You can also register by phone using a credit card by calling 269.965.4134.

Session 1
4th-8th grades
8 am–12pm

Session 2
9th-12th grades
2 pm–6 pm
Softball Clinic Registration Form

CAMPER INFORMATION

NAME ____________________________________________________  GRADE ______  BIRTHDATE ____________

ADDRESS __________________________________________________  CITY/ST/ZIP __________________________

PHONE _____________________________  TSHIRT SIZE  youth: S M L XL  adult: S M L XL

PARENT EMAIL ADDRESS ______________________________________________________________________________

PAYMENT INFORMATION

Make checks payable to Kellogg Community College

_____ CASH  _____ CHECK  _____ CHARGE

CARD NUMBER ____________________________________________________  EXP DATE _________ / _________

PARENT/GUARDIAN INFORMATION

EMERGENCY CONTACT ___________________________________________  PHONE _____________________________

EMERGENCY CONTACT ___________________________________________  PHONE _____________________________

CONSENT TO PHOTOGRAPHY  (please initial)

_____ I grant permission to KCC to include my child in any photograph taken during the clinic

_____ I do not grant permission to KCC to include my child in any photograph taken during the clinic

RELEASE FOR MEDICAL TREATMENT

Since most students attending the camp are under 18 years of age, it is necessary that Kellogg Community College have the permission of parents/legal guardians to administer treatment in the event of an accident or sudden illness. If you are 18 years of age or older, sign your name.

Name ____________________________________________________  Date of tetanus shot ________________

Any allergies/allergies to medicines? Please list: ________________________________________________________

I hereby authorize any medical treatment which may be advised or recommended for ____________________________ (camper) while at Kellogg Community College.

I have the required insurance:  Company ___________________________  Policy Number ___________________________

Signature of Parent or Legal Guardian: ___________________________________________  Date _________________

RELEASE AND WAIVER OF LIABILITY

The undersigned hereby acknowledges that participation in this camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all employees and agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown injuries, damage to property, and the consequences thereof, resulting from the registrant’s participation in or involvement with this camp, including and failure of equipment or defect in the premises.

I hereby state that I am the legal guardian of said child and agree to the above statement:

Signature of Parent or Legal Guardian: ___________________________________________  Date _________________