

Raymond Youth Athletic Association 2008 Spring Softball Clinics

The Raymond Youth Athletic Association is proud to offer Spring fastpitch softball clinics. Group clinics are listed below; please check which clinics your daughter will attend. All clinics are \$40.00 for 4 weeks! Clinics to be coached by certified NHIAA, RYAA coaches, Paul & Wendy Spence. Learn the same hitting and fielding mechanics taught by collegiate and professional softball coaches.

March 2, 9, 16, 30 – AGE 8-18
1:00-2:00 - **PITCHING**

MARCH 2, 9, 16, 30 – AGE 8-12
2:00-4:00 – **HITTING & FIELDING**

MARCH 2, 9, 16, 30 – AGE 13+
4:00-6:00 – **HITTING & FIELDING**

Clinics will be held at the Raymond Middle School gym. Please call Paul or Wendy Spence at 895-1203 for information or to schedule your clinic – *SPACE IS LIMITED!*

Player Name: _____ AGE & DOB _____

Address: _____

Phone Number: _____

Parent/Guardian Name: _____

Email Address _____

\$ _____ **TOTAL – Please make checks payable to RYAA**

*Players are required to bring all necessary equipment to the clinic, i.e. glove, bat, sneakers, water, etc

RELEASE BY PARENT OR GUARDIAN: *I as parent/guardian hereby give my consent for the above child to participate in the RYAA Winter softball clinic(s). I hereby agree to assume all responsibility for any injury sustained under any circumstance pertaining to activities in the program. I hereby indemnify and agree to hold blameless the RYAA, coaches, any facility, and volunteers from any claims arising from all activities for the above child. Further, I agree to provide my child with adequate and proper equipment such as glove, sneakers and safety gear.*

IN CASE OF EMERGENCY, *by authorization of my signature, I allow the RYAA, coaches, any facility, and volunteers to administer immediate first aid and to make arrangements for emergency transport to a medical facility for the above child. I hereby indemnify and agree to hold blameless the RYAA, coaches, any facility, and volunteers from any claims arising from treatment for the above child.*

PLEASE LIST ANY ALLERGIES, MEDICATIONS, LIMITATIONS, OR SPECIAL NEEDS: _____

EMERGENCY CONTACT: _____ TELEPHONE _____

Parent/Guardian Signature _____ Date _____