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2018 Arlington High School Softball Camp

June 11-14, 2018

Camp is for 1st - 8th Graders $65 per camper

 9:00 – 12:00 daily

**Free T-Shirt for all participants and Prizes**

Current Coaches and Players will instruct in all areas of the game (Pitching, Hitting, Fielding, and Baserunning)

Contact: Brandon Morgan (brandon.morgan@acsk-12.org)

**Payment: Cash or make checks to Arlington High School Softball Booster Club**

**Mail to: Brandon Morgan, 4964 Water Brook Circle, Arlington, TN 38002**

**Registration:**  **T-SHIRT SIZE**: YS YM YL AS AM AL AXL

**Players Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade going in to: \_\_\_\_\_\_**

**Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_**

## WAIVER AGREEMENT

We/I, the parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a participant in the Arlington Summer Softball Camp, recognize and acknowledge that there are certain risks of physical injury and we/I agree to assume the full risk of any injuries, including death, damages or loss which may be sustained as a result of participating in any and all activities connected with or associated with this program.  We/I agree to waive and relinquish all claims we/I may have as a result of our daughter’s participation in this program against Arlington High School, Arlington Softball Booster Club, the softball program and all coaches, staff and players.

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 (Signature of parent/guardian)     (Printed name of parent/guardian)