



SOFTBALL

SUMMER PROSPECT SKILLS CAMP & SHOWCASE

JUNE 27, 2017

9:00AM-3:00PM

WALLACE STATE SOFTBALL COMPLEX

COST: \$85 (IF REGISTERED BY JUNE 23RD), \$95 (AFTER JUNE 23RD)

WE WILL ONLY TAKE 75 STUDENT-ATHLETES SO REGISTER NOW!

PLAYERS GOING INTO 7TH GRADE & UP

DON'T MISS YOUR OPPORTUNITY TO SHOW-OFF YOUR SKILLS IN FRONT OF THE WALLACE STATE COACHING STAFF. MORNING SESSION WILL BE A SKILLS SHOWCASE CAMP FOLLOWED BY A 2-HOUR SCRIMMAGE ALLOWING FOR SHOWCASING SKILLS IN A COMPETITION SETTING. LUNCH WILL BE PROVIDED.

NAME: _____

PHONE: _____ EMAIL: _____

SCHOOL: _____ AGE: _____ GRAD YEAR: _____

**STILL HAVE QUESTIONS?
CONTACT COACH DAUGHERTY AT:
AJ.DAUGHERTY@WALLACESTATE.EDU**

**PLEASE SUBMIT REGISTRATION/PAYMENT TO:
WALLACE STATE SOFTBALL
P.O. Box 2000
HANCEVILLE AL, 35077-2000**

Waiver of Liability and Hold Harmless Agreement - To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity, which would place my child at risk to participate in any way with the camp's activities. I am fully aware of risks and hazards connected with the camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may engage in the camps activities, whether caused by the negligence of release or otherwise. I further here by agree to indemnify and hold harmless the releasee from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to my child's participation in this camp, whether caused by negligence of releasee or otherwise. **RELEASE AND WAIVER**-I agree to release and hold harmless the Board of Trustees of Wallace State CC, its officers, agents, and employees, while acting in their capacities as such, from any and all claims or liability which may arise in any manner or form from my child's participation in this camp.

Parental Permit

Date _____ Signature of Parent/Guardian _____