



Complete Windmill Pitching Clinic

(NCGFP, Inc. 2376 Harvey Gummel Road, Hampstead, MD 21074)

ncgfp@qis.net

410-374-6614

2014

Name: _____ DOB: ____/____/____
(Print Athlete's Full Name)

Address: _____

City: _____, State: _____, Zip: _____

Phone #: (____) _____ E-Mail: _____

IT IS RECOGNIZED THAT THE SOFTBALL ATHLETE MUST COMPLY WITH THE RULES OF THE CLINIC OR CLINIC STAFF. IT IS ALSO UNDERSTOOD THE CLINIC STAFF WILL REQUIRE A POSITIVE ATTITUDE. FAILURE TO COMPLY WITH THE RULES OF THE CLINIC OR THE CLINIC STAFF COULD RESULT IN SUSPENSION OR REMOVAL. THE REGISTERED SOFTBALL ATHLETE AND I/WE, PARENT/GUARDIAN OF THE ABOVE NAMED REGISTERED ATHLETE, DO HEREBY STATE THAT THE ABOVE NAMED REGISTERED ATHLETE IS PHYSICALLY FIT TO PARTICIPATE IN ANY & ALL ACTIVITIES OF THE COMPLETE WINDMILL PITCHING CLINIC.

THE REGISTERED SOFTBALL ATHLETE AND I/WE UNDERSTAND THAT THERE WILL ALWAYS BE AN INHERENT RISK, AND/OR INJURY ASSOCIATED WITH PARTICIPATION IN ANY ATHLETIC ACTIVITY AND WILLINGLY ASSUME ALL INHERENT RISKS AND/OR INJURIES DURING ANY ACTIVITIES OF THE CLINIC. THE REGISTERED SOFTBALL ATHLETE AND I/WE GIVE PERMISSION TO THE COMPLETE WINDMILL PITCHING CLINIC FOR EMERGENCY FIRST AID AND/OR MEDICAL TREATMENT TO THE ABOVE LISTED PLAYER/ATHLETE AS APPROVED BY THE CLINIC STAFF, IN CASE OF ILLNESS OR INJURY WHILE PARTICIPATING IN THE CLINIC.

THE REGISTERED SOFTBALL ATHLETE AND I/WE, PARENT/GUARDIAN OF THE ABOVE NAMED REGISTERED PLAYER/ATHLETE, DO HEREBY, IN CONSIDERATION OF PERMITTING THE ABOVE LISTED ATHLETE TO WILLINGLY PARTICIPATE IN THE COMPLETE WINDMILL PITCHING CLINIC, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ALL RIGHTS AND CLAIMS THAT I/WE MIGHT HAVE AGAINST THE COMPLETE WINDMILL PITCHING CLINIC, NORTH CARROLL GIRLS FAST PITCH, INC., ITS' STAFF, ITS' VOLUNTEERS, ITS' SPONSORS, ITS' AGENTS OR REPRESENTATIVES, FOR ANY AND ALL INJURIES OR LOSSES SUSTAINED ARISING OUT OF ANY INJURIES OR LOSSES SUFFERED BY SAID ATHLETE WHILE PARTICIPATING AND DO HEREBY HOLD HARMLESS AND TO INDEMNIFY IT FROM AND ON ACCOUNT OF ANY DAMAGE OR LOSS SUFFERED OR SUSTAINED DURING THE NORTH CARROLL CLINIC BY REASON OF SAID REGISTERED/LISTED ATHLETE BEING INJURED. THE CLINIC DOES NOT GUARANTEE NOR IMPLIES THE ATHLETE WILL BECOME A MEMBER OF THEIR HIGH SCHOOL TEAM OR ACQUIRE A SCHOLARSHIP TO A COLLEGE.

SIGNATURE: _____ DATE _____
SOFTBALL ATHLETE

SIGNATURE: _____ DATE _____
PARENT/GUARDIAN

FEE FOR THE CLINIC IS \$225.00 (SECOND CHILD IN SAME FAMILY \$175.00) AND IS NON-REFUNDABLE. MAKE CHECKS PAYABLE TO NCGF, INC. AND MAIL TO 2376 Harvey Gummel Road, Hampstead, MD 21074.

Discount: Register during June and July the cost is \$175.00 first child and \$125.00 for second child (same family).

Dates: Oct 25; NOV 1, 8, 15, 22; DEC 6, 13, 20; JAN 10, 17, 24, 31; FEB 7, 14, 21, 28

PLACE: Longwell Building, 11 Longwell Avenue, Westminster, MD. 21158

SESSIONS: Please circle your request for Nov-Feb session (Dates, times, and place are subject to change).

Oct: Outside 10:00-12:00 All Students

Nov-Feb: (1) 10:30-11:30, (2) 11:30-12:30, (3) 12:30-1:30, (4) 1:30-2:30

ALLERGIES, ALLERGIC REACTION TO ANY MEDICATION, AND/OR ANY CURRENT MEDICAL CONDITION, MEDICAL ALERT ARE TO BE DOCUMENTED ON THE BACK OF THIS FORM.