

# PSHS Softball Camp

**2/6/10 AND 2/13/10**

**Grades 2-4 12:00-1:45pm**

**Grades 5-8 2:00-3:45pm**



## Plainfield South High School Softball Camp 2010 Registration Form

Please complete one form for each participant. Registration fee (\$60) must accompany this form.

Participant Name \_\_\_\_\_ Grade \_\_\_\_\_  
Shirt Size \_\_\_\_\_  
(Please circle size) Adult: S M L XL XXL  
Youth: S M L

Dates Feb. 6th & Feb. 13th, 2010 at PSHS Field House

Cost \$60 - includes both dates

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Health Concerns \_\_\_\_\_

If you have questions, please contact us at 815.577.5587.

Please make check payable to PSHS and return form along with payment to:

Softball Camp/Athletic Office, 7800 W Caton Farm Rd, Plainfield, IL 60586

### Consent for Participation and Emergency Medical Treatment and Waiver

Please read this form carefully and be aware that participation in the athletic/activities program(s) for which your child (ward) is being registered entails, like participation in virtually all recreational activities, certain risks that cannot be entirely eliminated.

I hereby give my consent for my child (ward) to participate in the athletic/activities program(s). I recognize and acknowledge that there is a degree of risk that my child may sustain personal injury or damage to property in the course of partaking in such activities, and that District 202 High Schools cannot guarantee risk-free recreational experiences to program participants. I nonetheless desire to procure the benefits of recreation for my child (ward) and accordingly consent to his/her participation as described above.

I agree to emergency treatment by a physician of a hospital and I understand that District 202 High Schools do not cover participants for any type of medical costs. I hereby fully release and discharge District 202 High Schools and their officers, agents, servants, and employees from any and all claims for injuries (including death), damage, or loss which I may have or which may accrue to me on account of my child's (ward's) participation in the program(s). I further agree to indemnify and hold harmless Plainfield Community Consolidated School District 202 and its officers, agents, servants, and employees from any and all claims and expenses (including attorney's fees), resulting from injuries (including death), damages, and losses sustained by me and arising in any way out of my child's (ward's) participation in said programs.

I/We have read the entire document, understand and agree to abide by its terms.

Parents & Students, Please  
make sure to sign & date.

Parent/Guardian Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_