

FAST PITCH SOFTBALL CLINIC

For Department Use Only		
Paid ___/___ R# _____	CLASS _____	
Registration Fee: \$7R	\$17NR	
6520	Age 9-10	
6521	Age 11-15	
Waiting List # _____ R / NR CLASS _____		

REGISTRATION:

Registration starts **May 10, 2010** for **Apex Residents** and **May 24, 2010** for **Non-Residents**. Registration will be held at the Apex Community Center at 53 Hunter Street during normal business hours. A maximum of 30 participants will be accepted in each age group (9-10 and 11-15). This is a hands-on type of clinic that is specifically designed for young players who want to improve their technical tactical skills, as well as further their understanding, genuine interest and passion for the game of fast pitch softball. **Registration Deadline:** Monday, June 14, 2010.

CLINIC DATES/TIMES:

MONDAY, JUNE 21, 6-8 PM

WEDNESDAY, JUNE 23, 6-8 PM

Salem Middle School Fields

- Bats and Balls will be provided.
- Please bring your own glove and water
- This camp will be led by the Apex High School Fast Pitch Softball staff and team.
- **Rain Out Date:** Monday June 28 and Wednesday June 30, 6-8 pm
- **Athletic Hotline:** (919) 249-3348

REGISTRATION FEES:

Apex Residents: \$7
Non-Residents: \$17

AGES & TIMES:

6520 9-10 6pm – 8pm – SMS
6521 11-15 6pm – 8pm – SMS

LOTTERY SYSTEM: To avoid long lines and discourage overnight assembly, the first day of registration for both residents and non residents of Apex will be administered by a lottery system. **Promptly at 8:45am**, those in line will be given the opportunity to randomly draw a number. Patrons will line-up according to their number. Everyone arriving **after 8:45am** will go to the back of the line. Registration will begin promptly at **9:00am** based on this system. In addition: **One person may only register for one family at a time.**

Home Phone _____ Participant's Name _____

Date of Birth _____ Male _____ Female _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Special Concerns (Medical, Etc.) _____

Address _____ Town _____ Zip _____

Email Address _____

Age (on October 31, 2010) 9 10 11 12 13 14 15 T-Shirt: YL YXL AS AM AL AXL

Statement of Waiver

I, for myself or as parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the Town of Apex, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the Town of Apex Parks, Recreation and Cultural Resources Department. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission.

As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualifications to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activity and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I understand the Town of Apex does not provide transportation to or from activities scheduled by the Apex Parks, Recreation and Cultural Resources Department. I grant my permission to allow my and / or my child's photo, as part of a group photo and without individual identifying information, to be used by the Apex Parks and Recreation Department for promoting programs operated or sponsored by the department

Parent/Guardian _____ Date _____