

# NDSCS Wildcats Softball Clinic Registration

Player's Name \_\_\_\_\_ Position(s) \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade in School \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Players phone number \_\_\_\_\_

Parent(s) phone number \_\_\_\_\_

Email \_\_\_\_\_

What school do go to currently? \_\_\_\_\_

**Please mail registration form to:**

**North Dakota State College of Science**

**Attn: Mike Oehlke- Athletics**

**800 6<sup>th</sup> St. N.**

**Wahpeton, ND 58076-0002**

## **WAIVER**

The undersigned, in partial consideration for the participation of his/her child in the NDSCS Wildcats Softball Clinic does hereby waive, release and forever discharge any of its' coaches or others helping with the clinic, from any and all injury or damages sustained by the participant child or his/her parents, or out of said participation. In addition, the undersigned does hereby agree to indemnity and save harmless any of its' coaches or those helping with the clinic, from any and all claims or demands for loss, cost of injury or damage whatsoever arising from the participation of his/her child in the above mentioned activity, including but not limited to negligence of said child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(17 and under must have

parent sign)

