

Moon Valley High School Softball Clinic Registration Form

Form and fees due by Friday, January 23, 2015

Return to: Coach Layne Peterson, Moon Valley High School, 3625 W. Cactus Road, Phoenix, AZ 85029

Participant Name _____ DOB _____

Address _____

Parent/Guardian Name(s) _____

Phone Numbers: Home _____ Cell _____

Emergency Contact (other than parent/guardian) _____

Phone _____ Relationship _____

Softball experience _____

Preferred Position(s) _____

Grade _____ School _____

Please include \$20 payment in cash or check payable to MVHS Softball.

T-shirt size: Youth S M L or Adult S M L XL

All clinic participants will be supplied with snacks, water and a t-shirt during the clinic. The clinic will be hosted by the coaching staff and varsity players of the Moon Valley High School Rockets Softball Team and will cover the fundamentals of softball at various skill levels.

My daughter has permission to attend the Moon Valley High School Softball Clinic, and I certify that she is in good health and is able to participate in all activities. If medical attention is required for illness or injury while attending the clinic, I give my permission for such care, and I hereby waive and release the school, its staff, and Moon Valley High School of all liability for any illness or injuries which may occur. Furthermore, I understand Moon Valley High School is not responsible for any lost or stolen personal belongings or equipment. I also understand there will no refunds once payment is submitted, however payment can be credited to future clinics or other participants.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

Please contact Coach Layne Peterson at Layne.Peterson@guhsdaz.org or 623-915-8000 with any questions.