**JUNE 6TH & JUNE 7TH**

**WILDCAT SOFTBALL SUMMER SKILLS CAMP**

Join our 2016 Coaching Staff & Former Players....

We will teach the fundamentals of hitting and fielding through demonstration, drills, and instruction.

**LOCATION:**
WILDCAT SOFTBALL STADIUM

**TIME:**
- 9 AM – 12 PM
- Registration on - Monday, June 6th @ 8:30 AM

**COST:**
- $50 Pre-registration *(Due by May 30th)*
- $60 day of camp
- Checks payable to: PRCC SOFTBALL
- Includes T-shirt Youth – Adult sizes SM-XL

**AGES:**
- 5 – 15 years of age

**WHAT TO BRING:**
- Necessary Equipment

**FORMS REQUIRED:**
- Registration Form
- PRCC Individual Waiver
- Mail w/payment to: PRCC SOFTBALL

**CONTACT OUR COACHING STAFF IF YOU HAVE ANY QUESTIONS:**
- Leigh White, Head Coach
  lwhite@prcc.edu
- Kirsten Perry-Bales, Asst.
  kperry@prcc.edu
- Rachel Breland,
  Graduate Assistant
- Donna Herndon, Secretary
  dherndon@prcc.edu
  or (601) 403-1179
OUR OFFICE MUST RECEIVE THIS FORM, INDIVIDUAL WAIVER FORM, & $50 PAYMENT PRIOR TO MONDAY, MAY 30TH FOR “PRE-REGISTRATION”. IF RECEIVED AFTER MAY 30TH, COST IS $60 AND YOU CAN SUBMIT THESE FORMS ON THE 1ST DAY OF CAMP, MONDAY, JUNE 6TH DURING REGISTRATION @8:30 AM.

NAME: ____________________________________________________________

STREET ADDRESS: __________________________________________________

CITY: __________________________ STATE: _______ ZIP: __________

CELL PHONE: ______________________ AGE: _______ GRADE: _______

HIGH SCHOOL: __________________________ HS GRAD DATE: _________

**PLEASE INDICATE WHERE YOU ARE CURRENTLY ENROLLED, IF NOT IN HIGH SCHOOL**

CURRENT SCHOOL: __________________________ PRIMARY POSITION: _______

NAME OF SUMMER BALL TEAM: _______________________________________

NAME OF EMERGENCY CONTACT: _____________________________________

PHONE: _______________ T-SHIRT SIZE: _______ (Circle one) YOUTH or ADULT

**FOR COACHING STAFF ONLY**

PAYMENT RECEIVED: _____ YES or NO ______ CHECK / CASH $___________

WAIVER RECEIVED: _____ YES or NO
THIS OFFICIAL WAIVER MUST BE SIGNED BY EVERY ATHLETE & LEGAL GUARDIAN (if under age 18).

This Individual Waiver form is for Individual Athletes and Coaches ONLY.

TEAMS will provide a copy of LIABILITY INSURANCE COVERAGE listing Pearl River Community College as the “CERTIFICATE HOLDER”.

The following sports require this form. Please mark your sport, sign the form, and include with entry.

- [ ] BASEBALL  - [ ] BASKETBALL (W)  - [ ] BASKETBALL (M)  - [ ] CHEER (M/W)
- [ ] FOOTBALL  - [ ] SOCCER (W)  - [ ] SOCCER (M)  - [ ] SOFTBALL

IN CONSIDERATION of the Participant being allowed to participate in any way in Pearl River Community College athletics/sports programs, and related events and activities, the undersigned: ACKNOWLEDGE AND FULLY UNDERSTAND that the participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses that might result NOT only from his or her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known or now reasonably foreseeable at this time. ASSUME all of the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death. RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE Pearl River Community College, the National and State Governing Sports bodies, City and County Government of Pearl River County, their respective administrators, officers, directors, agents, representatives, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as “releasee(s),” from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns or next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise, to the fullest extent permitted by law. CONSENT to permit and authorize officials of Pearl River Community College to seek emergency medical treatment in the event of accident or injury and consent to permit and authorize those providing medical care to perform medical treatment as deemed necessary. CONSENT to allow Participant's picture and/or voice or likeness to appear in any official documentary, promotional (including all advertisements) television, radio, film coverage or World Wide Web of Pearl River Community College without compensation. THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY.

X ______________________________
Participant's Signature Date

X ______________________________
Printed Participant's Name

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (Under age 18 at the time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns and next of kin, release and agree to indemnify and hold harmless the involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X ______________________________
Parent/Guardian Signature Date

X ______________________________
Printed Parent/Guardian Name