

ASH SAINTS SOFTBALL SUMMER LEAGUE/CLINIC



SIGN UP NOW! 2015 Summer Registration

Contact: Coach Dugas Head - ASH Varsity Softball Coach
Office #: 337-662-5275 ext. 4002
Cell #: 225-718-3441

League/Clinic Fee: \$130

Who can join? ASH students grades 7-12.

Practice commitment- We will start practicing on April 27, 2015 through the end of the school year. We will practice from 3:30-5:00 on the Saints softball field, weather permitting Monday through Thursday. Practices during the month of June are TBA.

Game Schedule- Games will be held at Scott Park every Monday and Wednesday evenings for the month of June. Game times TBA.

Practice and Game Uniform- Game jersey will be provided. Girls can wear practice jersey or PE shirt is also permitted. Black softball pants for games and grey softball pants for practice along with red socks, softball cleats (black with some white), and an appropriate glove (12" – 14"). Helmets and bats are optional.



Academy of the Sacred Heart High School Summer Softball League/Clinic

NAME: _____ **GRADE (7-12)** _____

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

League/Clinic Fee (\$130): _____

Make Checks Payable to: Schools of the Sacred Heart

PARENT/GUARDIAN HOLD HARMLESS/INDEMNITY AGREEMENT

I _____, expressly acknowledge that my child, _____ desires to PARTICIPATE IN the ACTIVITY designated on the other side. As PARENT/GUARDIAN, I remain legally responsible for any personal actions taken by my CHILD. I agree on behalf of myself, my CHILD, my family and our heirs, successors, and assigns, to defend, protect, hold harmless, and indemnify the Schools of the Sacred Heart, the Academy of the Sacred Heart, and their employees, agents, representatives, volunteers, organizational members, associates, guests or invitees against any and all claims arising from the negligence or fault of my CHILD which arise out of the above named ACTIVITY and in connection with any illness or injury or cost of medical treatment in connection therewith. I agree on behalf of myself, my CHILD, my family and our heirs, successors, and assigns, to protect, defend, hold harmless and fully indemnify the Schools of the Sacred Heart and the Academy of the Sacred Heart, and their employees, agents, representatives, volunteers, organizational members, associates, guests or invitees for any claim or cause of action whatsoever arising out of or related to the ACTIVITY which took place during the identified DATE(S) OF ACTIVITY that is brought against any of the indemnified parties and/or their employees, agents, representatives, volunteers, organizational members, associates, guests or invitees, whether such claim arises from the alleged negligence of the Schools of the Sacred Heart, the Academy of the Sacred Heart, their employees, agents, representatives, volunteers, organizational members, associates, guests or invitees, or my CHILD'S negligence.

Parent/Guardian Signature: _____ Date: _____