2015 BLAZER FALL SOFTBALL CLINIC
Participants must supply their own equipment.

This clinic provides players an opportunity to improve their individual skills with small group instruction from current Centralia College Athletes and the Coaching Staff.

<table>
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<th>DATE: SEPT. 20th</th>
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<tr>
<td>Location: Borst Park, Centralia, WA</td>
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<tr>
<td>TIME: 10 am – 1 pm</td>
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<tr>
<td>AGES: 12 and Younger</td>
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<td>14 and older</td>
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<td>COST: $50 or $25 with 3 pairs of *gently used shoes</td>
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If you have any questions please contact:
Coach Matt Bajo
360-736-9391 ext. 515
or 360-824-0160
mbajo@centralia.edu
Website: www.centralia.edu

*Donated shoes are redistributed through a network of microenterprise partners in developing nations. This will help improvised people start, maintain, and grow businesses in countries and nations such as Haiti, Honduras, Africa, and Central America.

All entry fees and forms can be mailed to:
Centralia College
Sports Programs Office – Attention Coach Bajo
600 Centralia College Blvd., Centralia, WA 98531

DEADLINE for mailed registrations is: September 15th, 2014
Make checks out to: Centralia College Softball Fund

Registration and fees can be paid turned in at check in on the day of the clinic but, please call to reserve your spot

Centralia College Softball 2015 Fall Clinic
WAIVER and SPORTSMANSHIP PLEDGE

Participant Name __________________________ Age _______ Emergency Number ______________________

Any Medical Conditions _________________________________________________________________

I know that participating in strenuous activities such as Softball is potentially hazardous. I assume all risks associated with playing in this event, including, but not limited to: falls, contact with other participants, effect of the weather, and the condition of the playing surface, all such facts being know and appreciated by me. Knowing these facts and on consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might bring claims on my behalf, covenant not to sue, and waive release, and discharge Centralia College, including their employees, assigns or anyone acting on their behalf, from any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participating in this event. This Release and Waiver extends to all claims of every kind of nature whatsoever, foreseen or unforeseen, known, or unknown. Applications of minors will be accepted only with a guardian’s signature and should be signed by the minor also. I also realize that I am responsible for my own conduct of play. I vow to present myself in a sportsmanlike manner. In the event that I fail to do so, I realize that I may be removed from the event.

Parent/Guardian Signature ____________________________________________ Date ______________