Girls Softball 2018 Summer Permission Slip

I give my daughter, ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in the following activities:

* Softball Workouts: Mon, Wed, & Thurs Aug 2nd – Aug 9th 8am to 9:30 am. No Cost
* Softball Clinic: Aug 13th – Aug 17th from 3 pm to 5 pm and has a cost of $20.

I also acknowledge that the workouts & clinic will be held outside on the softball field so it will be expected that each girl bring her own equipment, such as gloves and bats. Participation in the workouts or clinic does not guarantee a spot on the school team come tryouts but the clinic will be an opportunity to learn more about the basic fundamentals of the game.

It is recommended that each girl bring a water bottle to the workouts and clinic, but water will be provided just in case. If you have any questions you can contact me at brgathercole@wsd.net. **Tryouts will be the first day of school at 12:30 pm.**

**Parent Signature: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant’s Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Alternate Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_