# VHS Spring Break Softball Clinic Grades 2-8

**Sponsored by the VERONA HIGH SCHOOL SOFTBALL TEAM**
**Fundraiser for VHS Softball Booster Club**
**Tues Wed Thurs April 15, 16, 17: 10:00am to 12pm, FN Brown Elementary School**

**Registration Deadline: MUST BE RECEIVED by Wednesday, April 2**
**Cost: $50.00 per child, $45 for each additional sibling**

***CHILD 1:*** LAST NAME FIRST NAME

STREET

CITY STATE ZIP

EMAIL: GRADE:

**CELL PHONE NUMBER WHERE PARENT CAN BE REACHED DURING CLINIC**:

***CHILD 2:*** LAST NAME FIRST NAME

GRADE:

**Total Amount of Check Enclosed**:

Waiver Release: In consideration of this registration, I hereby waive and release any claims against VHS Staff/Students/Parents, Verona Board of Education, The Township of Verona, and volunteers for injuries that may be suffered by me in this event. Further, I confirm that I am physically able to participate in this event and grant the right to use my likeness in any photographic record of this event. This waiver also allows child(ren) listed on this registration form to have snacks and acknowledges that child(ren) have no known food allergies.

## PICK UP PROMPTLY AT NOON!

PARENT NAME (Please Print)/DATE : PARENT SIGNATURE:

## ALL REGISTRATIONS INCLUDE T – SHIRT

TSHIRT SIZE, PLEASE CIRCLE:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1st CHILD: | CHILD | Small | Med | Large | ADULT | Small | Med | Large |
| 2nd CHILD: | CHILD | Small | Med | Large | ADULT | Small | Med | Large |

## PLEASE MAKE CHECK FOR PAYABLE TO: VHS SOFTBALL BOOSTER CLUB

## RETURN REGISTRATION FORMS WITH PAYMENT TO: VHS SOFTBALL SKILLS CLINIC, c/o Christina Chivily, 111 Franklin Street, Verona, NJ 07044

**WILL BE CONTACTED VIA EMAIL IF INCLEMENT WEATHER FOR ALTERNATE LOCATION**

**PARTICIPANTS PLEASE BRING OWN BAT, GLOVE, BATTING HELMET**