

Outlaws Fastpitch and Phillipsburg Softball

Pitching Clinic Information/Liability Waiver Form

Name: _____

Address: _____ State: _____

City: _____ Zip: _____

DOB: _____ Grade: _____

School: _____ Graduation Yr: _____

Positions Played: _____

Home Phone: _____

Player's e-mail: _____

Dad's Name/Cell: _____ / _____

Dad's e-mail: _____

Mom's Name/Cell: _____ / _____

Mom's e-mail: _____

I grant permission for my daughter to practice in the Outlaws FP softball facility held at 404 Country Rd. Rt. 519, Phillipsburg and the Phillipsburg Athletic Complex. I fully acknowledge that certain physical hazards may be encountered. I hereby waive any claim for damage against the Outlaws FP Organization, Phillipsburg Organization, Phillipsburg and Outlaws Coaches, SYSA Organization, warehouse, field etc. in case of personal injury.

X _____ Date: ____ / ____ / 20 ____

(Signature of Parent/Legal guardian OR Player if 18 or older)