

# *VIRGINIA WESLEYAN SOFTBALL*

**2017 ID CLINIC**

**SEPTEMBER 10TH**

**VIRGINIA WESLEYAN UNIVERSITY**

NAME: \_\_\_\_\_ PRIMARY POSITION: \_\_\_\_\_ SECONDARY: \_\_\_\_\_

TRAVEL ORGANIZATION: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Camper's Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

I do hereby acknowledge that my child's participation in the Virginia Wesleyan Softball ID CAMP is purely and entirely voluntary and that the Camp, University and/or its clinicians shall not in any way be responsible or liable for any injuries, ailments, infirmities and/or disabilities which my child may encounter as the result of such participation. I understand the nature of potential risks from injury, and I agree to accept those risks. I release the camp and its employees from any and all actions for any injuries my daughter may incur while attending the camp.

Parent/Guardian Signature: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

**VIRGINIA WESLEYAN SOFTBALL**

**MAIL CHECKS & REGISTRATION TO:**

**VIRGINIA WESLEYAN SOFTBALL  
ATTENTION: BRANDON ELLIOTT  
5817 Wesleyan Drive  
VIRGINIA BEACH, VA 23455**