
Swansea Girls Softball League 2021 WINTER CLINIC

If you miss sign-ups mail with payment to:
Swansea Girls Softball League
PO Box 70
Swansea, MA 02777

Player's Name _____ Home Tel # _____

Parents Name(s) _____ Cell Tel # _____

Street _____ Date of Birth ___ / ___ / ___

Town _____ Zip Code _____

School _____ Grade _____

Email address: _____

I/We, the parents and/or legal guardians of the above player give our approval for her participation in all softball and related activities. I/We do further hereby release, absolve of indemnity, and hold harmless Swansea Girls Softball League, the organizers, sponsors, coaches, managers, officers and volunteers, any and all of them. In case of injury to my daughter, I/we waive all claims against the Swansea Girls Softball League and all its' organizers, sponsors, coaches, managers, officers and volunteers. In case of injury to my daughter, I/we also waive all claims against ProWay Baseball, LLC, and all their organizers, coaches, and staff. I/we understand and accept that there is risk of injury during softball activities, and I/we accept sole responsibility for our daughter in the event of injury or accident. I/we likewise release from responsibility any person transporting my/our daughter to or from the activities.

Clinic Fee:

- \$55.00 per player**

Parents' Signature: _____

Date: _____

For League Use Only

Amount paid \$ _____

Cash _____

Check # _____