



OMGS ALL SKILLS PLAYERS CLINIC

3 Hour Professional softball clinic developing the following skills:
Infield, Outfield, Hitting, Base Running, Throwing, and Sliding

Lead instruction provided by: Pam Slade

Date: **Saturday, April 24, 2010**

Time: **9:00 am – 12:00 pm (12U, 14U, 18U)
12:30 pm – 3:30 pm (Tball, 8U, 10U)**

Place: **Centennial Park**
13000 South 2700 West, Riverton

Cost: **\$20.00 for 2010 OMGS league players**

This fee is non-refundable. \$5.00 discount applied to additional OMGS player siblings.

For players NOT registered with OMGS for 2010, the cost is \$30.00

Registration Deadline: **April 17, 2010**

For more information, email Troy Johnson at troy@omgsoftball.org or call 302-0591
Please return the bottom portion along with fees payable to OMGS, P.O. Box 385, Riverton, UT 84065-0385.

Please sign my softball player up for the following clinic:

OMGS ALL SKILL PLAYERS CLINIC – April 24, 2010

\$20.00 for OMGS players (\$5.00 discount for OMGS siblings) - \$30.00 for all other players.

Player name: _____ Age: _____ League: _____

I've enclosed cash or a check payable to OMGS for \$ _____. Remit to: OMGS, P.O. Box 385, Riverton, UT,
84065-0385

Address: _____

Phone: _____ Cell: _____ email: _____

Parent's Names: _____ Emergency Phone#: _____

READ, SIGN & DATE: This form must be signed by parent or guardian to qualify for athletic participation. I hereby release the clinic staff, independent contractors, OMGS and Riverton City from any loss, damages or personal injuries as a result of participation. I do hereby give my permission for a qualified physician, and/or hospital emergency room to administer necessary health care in the case of an accident and/or emergency. Each participant must be covered by his/her parent's medical insurance before participating in any clinic activities. This clinic is not responsible for medical, dental, or other expenses resulting from an accident. I acknowledge that injuries and accidents can occur during clinic activities, and I give my daughter permission to participate in the clinic.

Parent/Guardian Signature: _____ Date: _____