**Gustavus Adolphus Summer Softball Clinics Registration Form**  **Please complete registration form/medical release and send full payment by check addressed to *Complete Game Fastpitch* to:**

*Gustavus Adolphus College*

*Britt Stewart/Softball*

*800 West College Drive  
St. Peter, MN 56082*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_  
High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grad Yr: \_\_\_\_\_\_\_  
Summer/Club Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am attending: \_\_\_\_ 6/27 \_\_\_\_\_6/28 \_\_\_\_8/22 \_\_\_\_\_8/23

6/27 \_\_\_\_\_ Session 1 Only ($50) \_\_\_\_\_Session 2 Only ($60) \_\_\_\_\_Both Sessions ($100)

6/28 \_\_\_\_\_ Session 1 Only ($50) \_\_\_\_\_Session 2 Only ($60) \_\_\_\_\_Both Sessions ($100)

8/22 \_\_\_\_\_ Session 1 Only ($50) \_\_\_\_\_Session 2 Only ($60) \_\_\_\_\_Both Sessions ($100)

8/23 \_\_\_\_\_ Session 1 Only ($50) \_\_\_\_\_Session 2 Only ($60) \_\_\_\_\_Both Sessions ($100)

Choose a Tshirt Size: Adult Small Adult Medium Adult Large Adult Extra Large

**INSURANCE DISCLAIMER (must sign to participate):**

I, the undersigned, hereby certify that I am at least 18 years of age or if under 18, a parent or legal guardian of the applicant. I hereby grant permission to the applicant to attend the Gustavus Adolphus Summer Softball Clinics and to be treated by a licensed physician or member of the school’s training staff in the event of any injury, accident, or illness during the clinic. The undersigned applicant (parent/guardian if under 18 years of age) understands that they will be engaging in physical activity during the camp that contains inherent risk of physical injury. I, the undersigned, for myself, my heirs, executors, and administrators, waive, release, and forever discharge Gustavus Adolphus College and the Gustavus Adolphus Softball and its staff, officers, agents, employees, representatives, successors, and assigns from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in clinic activities while at the clinic.

Parent/Guardian Signature (under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature (18 or older) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Conditions/Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_