
Swansea Girls Softball League

2022 WINTER CLINIC

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: _____

Cost for Winter Clinic:

- **\$75.00 per player**

Photo Consent

Occasionally, pictures of teams and players may be used on social media and our website. Please review the consent form below regarding the use of photos of your child: I/We, the parent or legal guardian of this child grant Swansea Girls Softball League my permission to use photographs of my child for any legal use on the web and social media for publicity, advertising, and web content purposes.

Please Check One: I/We Do Consent _____ I/We Do NOT Consent _____

Liability Waiver

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. 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.

Parents' Signature: _____

Date: _____

Players! Are you interested in playing on a Travel Team in 2022?

Yes _____ No _____ If you make the travel team, additional travel fees are required.

For League Use Only

Amount paid \$ _____

Cash _____

Check # _____