



FOND DU LAC RECREATION DEPARTMENT

85 Morningside Drive - Fond du Lac, WI 54935

Telephone: 929-2885

www.fdlrecdept.com



FONDY CARDINALS' SOFTBALL CLINIC 4k – 8th Grade

Young softball players are invited to improve their fielding and hitting fundamentals, while learning new softball skills. This clinic is a fantastic way to enhance and/or learn new skills and have a fun time discovering the sport of FASTPITCH SOFTBALL. Players will be grouped by age & ability during the clinics. Players should bring a glove and dress appropriately for outdoors.

In case of Inclement Weather – Clinic will be held in the FHS field house.

Saturday, April 28th

9:00 – 10:15^{am} • Grades 4k – 2nd
10:20^{am} – 12:00^{pm} • Grades 3rd – 8th

Cost: \$10.00^{Grades 4k – 2nd} • \$15.00^{Grades 3rd – 8th}

Make checks payable to the FdL Rec. Dept. or register online at www.fdlrecdept.com

Location: Fond du Lac High School Varsity Diamond

Instructors: Adam Rushing, coaches & players from the FHS Softball Program

-----PLEASE REGISTER ONLINE www.fdlrecdept.com OR AT THE FDL REC. DEPT. BY April 27th-----



FONDY CARDINALS' SOFTBALL CLINIC **SATURDAY, APRIL 28**



Cost: \$10.00^{Grades 4k – 2nd} / \$15.00^{Grades 3rd – 8th}

Participant Information:

Name: _____ Grade: _____ Phone: _____

Parent's Name: _____ Phone: _____ / _____

Email Address: _____

Parent's Release and Indemnity Agreement

I/We hereby request that you accept the application for the enrollment of _____ in the Fond du Lac Cardinal Softball Clinic during the dates set forth in this application and in consideration of your acceptance of this application, I/we hereby release FdL School District, all its employees, the clinic director and any assistants/helpers from all claims on account of any injuries which may be sustained by my/our son/daughter while attending the Cardinal Clinic; and I/we agree to indemnify FdL School District, its employees, clinic director and any assistants/helpers for each claim which may hereafter be presented by my/our son/daughter as a result of any such injuries. I/we also certify that my/our son/daughter is medically fit to participate in your program. The FdL School District does not provide individual accident liability/medical insurance.

Reminder – Concussion form must be signed and on file once per school year, 2017-2018.

Signature (Parent/Guardian): _____ Date: _____

February 2018