

2021 GIRLS SOFTBALL SUMMER CLINIC SERIES

The Bellport High School Softball Team is offering a softball clinic series this summer designed specifically for girls!!

DIRECTORS: Kate Cutrone – Bellport Softball Coach
Rob Keenan - Bellport Softball Coach

STAFF: High School Coaches and College softball players
DATES: Mon. July 12th, Wed. July 14th, Mon. July 26th, Wed. July 28th
TIME: 5:30-7:30pm
SITE: Bellport High School, Brookhaven - Varsity Softball Field
AGES: Girls entering 4th through 9th grade as of 9/21
EQUIPMENT TO BRING: Cleats, Softball Glove



CAMP COST: \$40 Pre-registration Program (Up to July 5th) Includes: T-Shirt
\$50 (After July 5th up to start of first clinic day - 7/12) (if preregistered)

NO REFUNDS AFTER THE FIRST DAY OF CAMP
questions regarding the program E-Mail: Coach Cutrone - kcutrone@southcountry.org

Make checks payable to: **Bellport High School (please include phone number on check)**
Send checks to: Kate Cutrone
15 Locust Street
Bayport, NY 11705

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SOFTBALL SUMMER CLINIC SERIES 2021

PLEASE CIRCLE T-SHIRT SIZE: (ADULT SIZES ONLY) SM. MED. LG. XL.

Name _____
Address _____
Town _____
Phone # _____ Date of Birth _____ Age _____
E-Mail: _____
Grade Entering 9/21 _____

Registration and Insurance Fees are Non-Refundable

I/We, the parents of the above named child, hereby give consent for participation in the activity and do claim that he/she is in perfect physical condition to participate in said activity. Furthermore, I/we, the parent(s) of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current session. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the South Country School District., associated organizations, the organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter to or from activities, for any claim arising out of an injury to my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance.

Parent(s)/Guardian Signature _____ Date _____
Parent email _____