

# **St. Paul's Episcopal School 2010 Summer Softball Clinic Registration**

**Students Name:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

\_\_\_\_\_  
**Best Contact Phone(s)** \_\_\_\_\_

**T-Shirt Size (Circle One) YS    YM    YL    AS    AM    AL**

\_\_\_\_\_ **has my permission to attend the  
softball clinic at St. Paul's Episcopal School and I hereby waive and  
release St. Paul's from any and all liability for injuries or illness  
incurred while at the clinic.**

\_\_\_\_\_  
**Signature of Parent or Guardian Date**

**The cost is \$50 for the clinic.**

**Please make your check payable to St. Paul's Softball no later than  
Thursday, May 24 and return to:**

**Coach Gerry Strang  
St. Paul's Episcopal School  
161 Dogwood Lane  
Mobile, Alabama 36608**