

Fall Clinic 2008
Player Information

Name: _____

Address: _____

E-mail: _____

Age: _____ Grade: _____ Graduation Year: _____

If you are in high school, what school do you go to?

Parents Names: _____

Home Phone: _____

Parents E-mail: _____

Emergency Contact Name: _____

Phone Number: _____

Relationship: _____

Please answer the following questions:

1. I have been playing softball for _____ years.
2. Circle the word that would best describe you:
Beginner Intermediate Advanced Olympian
3. Would you like a Liberty Softball T-shirt for \$10.00 extra? Yes No
a. What size would you like? _____
4. Have you attended a Liberty Softball Clinic in the past? Yes No
 - a. If you **HAVE NOT** attended please fill out the Medical Waiver Form along with this profile.
 - b. If you **HAVE** attended and your medical information has **NOT** changed you **do not** have to fill out a new Medical Waiver Form.

We look forward to having you with us!!

Please make all checks payable to: **Liberty University Softball** and send payment/paperwork to

Liberty University
Attn: Softball Office/Fall Clinic
1971 University Blvd.
Lynchburg, VA 24502

Paperwork will **NOT** be accepted after October 15. Contact the Softball office and if space is available you can register the day of the clinic. T-shirts may not be available for athletes that register day of.