



RANDOLPH-MACON COLLEGE SOFTBALL WINTER WARMUP CLINICS

NAME _____ PRIMARY POSITION _____ SECONDARY POSITION _____

TRAVEL ORGANIZATION (IF APPLICABLE) _____

LITTLE LEAGUE (IF APPLICABLE) _____

PARENT/GUARDIAN NAME _____

EMAIL _____ CELL PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CAMPER'S HEALTH INSURANCE PROVIDER _____

POLICY NUMBER _____

I do hereby acknowledge that my child's participation in the Randolph-Macon College Winter Warmup Softball Camp is purely and entirely voluntary and that the camp, college, and/or its clinicians shall not in any way be responsible or liable for any injuries, ailments or disabilities which my child may encounter as the result of such participation. I understand the nature of potential risks from injury and I agree to accept those risks. I release the camp and its employees from any and all actions for any injuries my daughter may incur while attending the camp.

Parent/Guardian Signature _____

For questions, please contact:

Kevin Proffitt

Amanda Sopko

Head Softball Coach

Assistant Softball Coach

804-752-3611

804-752-3611

kproffitt@rmc.edu

AmandaSopko2@rmc.edu