



2019

DURANT YOUTH SOFTBALL CAMP APPLICATION

Ages: Students entering 4th-9th Grade

Monday, May 6th & Tuesday, May 7th

@ DHS Indoor Facility

3:45 p.m. – 6:30 p.m.

PRE-REGISTRATION DEADLINE: Friday, April 19th

The Durant Softball Camp will cover every facet of the game from hitting, fielding, base running, team play and more. The goal of the camp is to stimulate a love for the game by immersing you in the sport and giving you the kind of focused, intensive training that will enhance your skill set.

Furthermore, you will have an opportunity to meet the 2019 Durant Lady Lions Fast-Pitch Softball team and participate in drills that the team practices every day.

- **ALL Student Athletes must have a completed application and accident liability waiver on file to participate.**
- Camp T-Shirts will be available for campers who want to purchase one at a cost of \$10.00 for pre-registered campers. T-shirts are offered but not required to attend the camp.
- Cost will be \$20.00 for any camper applications submitted after the pre-registration deadline or any shirts purchased on the day of the camp.
- Checks for T-shirts can be made out to *Durant High School Softball*.

Student Athlete Name: _____ Age: _____

Parent/Guardian Name: _____ Shirt Size: YS, YM, YL, S, M, L, XL

School Name & Site: _____ Grade: _____

Parent Phone: (Cell/Home) _____ (Work) _____

Parent Email address: _____

School Mailing Address:

Durant High School
950 Gerlach Drive
Durant, OK 74701
Attn: Cody Little

Please complete & mail this form and the attached accident waiver back to the address above or scan and email to the address below.

Contact Information:

Coach Cody Little

Phone Number: (580) 924-4424 ext. 7119

Email: cody.little@durantisd.org

“Once a Lion. Always a Lion!”



Required accident waiver and liability release attached on reverse.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- A. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Durant ISD and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- B. INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Durant ISD and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name
(Please print legibly)

Age

Parent/Guardian Signature

Date

(If under 18 years old, Parent/Guardian must also sign)