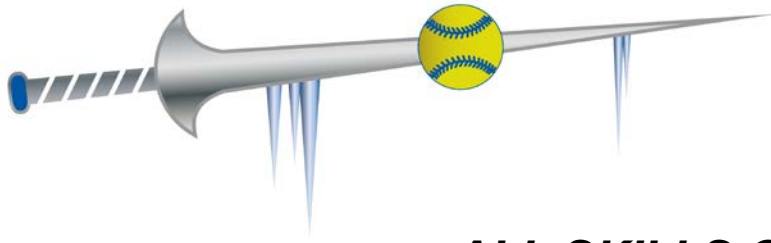


# LANCERS

Winter Softball



**2017**  
**LEE HS SOFTBALL CLINICS**  
 6540 Franconia Rd, Springfield, VA 22150

**Dates: January 8, 15, 22, 29**  
**February 5, 12**  
**Where: Lee HS Gym**  
**Times: 3-5pm**  
**For ages: 8-13 yrs**

## ALL SKILLS CLINICS

### SPONSORED BY THE LEE SPORTS BOOSTERS

Players will be grouped by age/skill level when appropriate. Please meet in the gym lobby and for inclement weather updates go to [www.lancersathletics.org](http://www.lancersathletics.org). Don't forget to bring your bat, helmet, glove, tennis shoes. The clinics will have a limited enrollment so sign up soon!

Please make checks payable to "Lee Sports Boosters". Mail completed registration form and payment to:

Lee Sports Boosters, c/o Marcia Martinez  
 PO Box 452 Springfield VA 22150.

For more information about the camp please contact Coach Suzy Willemsen at [swillemsen@fcps.edu](mailto:swillemsen@fcps.edu) or 703-298-8706

Keep this portion for your records

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#### Dates I will be attending—please circle

1/8 3-5pm	2/5 3-5pm
1/15 3-5pm	2/12 3-5pm
1/22 3-5pm	
1/29 3-5pm	

**\$20/session**

**All 6 sessions: \$110**

**Total Cost:** \_\_\_\_\_

**T-shirt size:** YM YL S M L XL

**Name:** \_\_\_\_\_ **Grade** \_\_\_\_ **Skill Level:** Beg Int Adv

**Birth Date:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

**Home Tel. #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Parent/Guardian's e-mail address** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Tel. #** \_\_\_\_\_

**Insurance Co.** \_\_\_\_\_ **Policy #** \_\_\_\_\_

I hereby authorize the staff at the Lee HS Softball Camp to use their best judgment in any emergency requiring the use of local emergency facilities. I also certify that my child is physically able to participate in all activities. I assume all risks associated with participating in the program, including but not limited to falls, contact with other participants, and the effects of weather. I also fully understand that the Lee HS Softball Camp does not provide medical insurance. Registration requires that a parent/guardian sign below, agreeing that in the case of an accident involving your child while attending the camp, he/she releases the camp, sponsor, counselors, and directors from any and all liability. We will attempt to reschedule if inclement weather occurs, but we cannot guarantee the availability of the facility. We are unable to provide refunds because the funds are used to purchase t-shirts, equipment and supplies for the camp when your check is received.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_