



# STEELMEN YOUTH



## SOFTBALL CAMP

**Where:** Joliet Central Field House  
201 East Jefferson Street, Joliet, Illinois, 60432

**When:** February 18<sup>th</sup> – 20<sup>th</sup>

**Ages:** 8-13 years old

**Time:** 6-8pm

**Cost:** \$ 20 (Make checks payable to JTHS)

**What's included:** An opportunity to learn how to throw, field, hit, pitch, and a T-Shirt!!  
(Every girl will be provided with a shirt at the end of the camp, however if you register at the door your shirt size cannot be guaranteed.)

**What to bring:** Glove & Water (gloves will not be provided)

**What to wear:** Loose clothing that is comfortable to run in. No tank tops.

**Please fill out one form per girl**

To register you may do any of the following:

1. Return this form and payment to the Joliet Central Athletic Office by Thursday, February 13<sup>th</sup>.
2. Forward the permission slip via mail and with a check payable to JTHS.

Address: Joliet Central Athletics  
Attn: Erin Douglas  
201 E Jefferson  
Joliet, IL 60432

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size: (circle one) YS, YM, YL, S, M, L, XL

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number in case of Emergency: \_\_\_\_\_

**Please sign the athletic waiver on the next page. This form must be turned in with the registration and payment for participation in the youth softball camp.**

**WAIVER RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT**  
**FOR JOLIET TOWNSHIP HIGH SCHOOL DISTRICT 204**

Please read this form carefully and be aware that, in participating in Central Youth Softball Camp, you will be waiving and releasing all claims for injuries, arising out of or in any way connected to your participation in this program, that you or the other named participants might sustain. The terms "I", "me" and "my" also refer to parents or guardians as well as participants in the program. In registering for this program you are agreeing on your own behalf and on behalf of your agents, assigns, heirs, executors and anyone else authorized to act on your behalf as follows:

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, including death, and I agree to assume the full risk of any injuries, damages or loss that I may sustain as a result of participating in any manner, in any and all activities connected with or associated with this program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against Joliet Township High School District 204, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for injuries that I might sustain while participating in this program. (The parties described in the preceding sentence are referred to as "release parties" in the remainder of this agreement.)

I do hereby fully release and discharge Joliet Township High School District 204 and other released parties from any and all claims for injuries, damage or loss that may have or which may accrue to me on account of my participation in this program.

I further indemnify, hold harmless and defend Joliet Township District 204 and all other released parties, from any and all claims resulting in injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participant", "programs", and "activities", referred to in this agreement include all exercises and physical movements of any nature while I am participating in this program and further include the provision of or failure to provide proper instruction or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release, and Hold Harmless Agreement. I represent and warrant that I am mentally competent and under no condition or medication that would prevent me from fully understanding the contents of this Agreement and that I have voluntarily signed below. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this agreement.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_