



2009-10 PRE-TRYOUT SKILLS CLINIC APPLICATION

SAN RAMON VALLEY GIRLS ATHLETIC LEAGUE

PLAYER'S NAME _____ GRADE IN SCHOOL _____
ADDRESS _____ CITY _____ ZIP _____
PHONE NUMBER _____ EMAIL _____

WHICH LEVEL WILL THE PLAYER TRY OUT FOR IN THE 2010 SEASON? (PLEASE CHECK ONE)

LEVELS OF PLAY: **Red** – Competitive **Blue** – Developmental **White** – Recreational (TRYOUT NOT REQUIRED)

3RD/4TH GRADE

RED

BLUE

5TH/6TH GRADE

RED

BLUE

WHAT CLINIC TIME DO YOU WANT TO ATTEND? (PLEASE INDICATE YOUR 1ST AND 2ND CHOICE)

Saturday, November 7th, from 9:00 am to 12:00 pm

Saturday, November 7th, from 1:00 pm to 4:00 pm

All clinics will be at the San Ramon Valley High School softball complex. The clinics will include instruction on the basic skills that each player will be asked to demonstrate at the tryouts as well as a familiarization of the tryout process and format.

Clinic times will be assigned by your preference above on a first come, first serve basis. Clinics fill up fast so submit your application as soon as possible. Clinic times will be posted on our website at www.srvgal.org by November 1st.

In the event of rain, check the SRVGAL website at www.srvgal.org on the morning of the clinic.

If the clinic is rained out or you do not get into a clinic your check will be destroyed. Because of the number of checks it is not possible to return them. See you at the clinic.

I am the parent or legal guardian of the above-named girl who wishes to participate in a softball clinic under the auspices of the San Ramon Valley Girls Athletic League ("SRVGAL"). I understand that softball may be a hazardous activity which may subject participants to serious injury. Nevertheless, I, on behalf of my daughter or ward, myself and my spouse, hereby agree to assume all risk to which my daughter or ward may be subject to due to her activities and participation, directly or indirectly in connection with SRVGAL, and do specifically release, absolve, indemnify and hold harmless SRVGAL, its officers, directors, sponsors, organizers, managers, coaches, supervisors and employees from any and all liability resulting therefrom.

Signature of parent or guardian _____

PLEASE MAIL THIS COMPLETED FORM AND YOUR CHECK FOR \$35 MADE PAYABLE TO SRVGAL, TO: SRVGAL, P.O. BOX 637, DANVILLE, CA 94526-0637

PROCEEDS FROM ALL TRAINING CLINICS ARE USED TO SUPPORT SRVGAL'S STOMPERS AND VALLEY STOMPERS TRAVEL BALL PROGRAMS.

PRE-SEASON CLINICS
Improve your game! Clinics fill up fast! Register early!

Information About Coaching and Sponsorships
Can Be Found Online at www.srvgal.org