# **BFRC Softball Clinic #2**

#### **May Session**

U10/U12 : Friday May  $20^{th}$  (10am – 11:30am)

U14/U16: Friday May 20<sup>th</sup> (12pm – 1:30pm)

Mark your calendars! You will NOT be contacted prior to practice!











### \$20 Members - \$30 Nonmembers

- ☆ Limited to 8 kids per session
- Located at Roundup Grounds Softball Field
- Clinic will focus on Hitting and Defense
- Players will need to bring a glove and bat (if they have one)

\*Questionable weather? Contact the BF Rec Center as the clinic may be postponed. (605) 892-2467

#### The Clinic is led by the BFRC Programming Assistant Sami Gill



Sami has played softball her whole life, beginning with traveling softball at 8 years old. After high school she went to North Platte Community College in Nebraska and played softball there for 2 years. After NPCC she transferred to Black Hills State and finished her undergraduate degree and softball career. Her primary positions throughout her career were catcher and 1<sup>st</sup> base. However, she has pitching, infield, and outfield experience. After playing at BHSU, Sami became the Graduate Assistant Softball Coach at Dakota Wesleyan University for 2 years. After receiving her master's from DWU, she moved back to the area and is working at the BFRC.

PLEASE FILL OUT LIABILITY WAIVER & RELEASE FORM ON THE BACK OF THIS PAGE

## BFRC YOUTH SOFTBALL CLINIC REGISTRATION FORM 2022 May Session

Name of Player		
Session	Age	BELLE
Parent/Guardian		↔ C FOURCHE
Phone		- KU
E-mail Address		CENTER
Primary Position	Secondary Position	<del></del>
	Y AND RELEASE FORM: dian of the participant recognizes and acknowle RC) involve risk of serious injury, including perm	=
	ction, inaction, negligence of others, the rules of understand that there may be other risks not kn y the undersigned.	
	, play, observe, or participate in any way in eve	nts, games, or activities sponsored by or
emergency rescue services should they be r	e Fourche. f the BFRC and the instructor or coach of my (m necessary in the case of injury or suspected injur e, clinic, activity, game, event, or tournament be	ry, or during the times that the above
associated with the BFRC.		
further understand the following issues: that I am legally responsible for action of th	e above named individual including and myself,	including, but not limited to any damage
to private or public property caused by me/	him/her.	
	d/or my child's welfare and actions including pe ctive for any and all activities that I or the above d by or associated with the BERC	
Finally, I hereby agree to release, waive, independent of the prepare of the prep	emnify and hold the BFRC, the City of Belle Four mage, or injury which may result from my (my content of associated with the BFRC. This release and waited or alleged to be caused in whole or in part by ge, and covenant not to sue the City of Belle For of any damage, loss or injury incurred by me or ation in the activities. This release and waiver or representatives, assigns, heirs, and next of kin.	child's) participation or spectatorship in ver of liability and indemnity applies the negligence of the BFRC or the City. I urche or the BFRC for any claims, the above named individual as a result of
=	cally photographs during BFRC sponsored progr	ams. These pictures may be used for
	d around the facility. Occasionally pictures may	
newspaper or other media as well. By signir Belle Fourche permission to use these phot	ng the liability waiver on the bottom of this page	e you are also giving the BFRC/City of
HAVE READ THIS RELEASE AND WAIVER CUNDERSTAND THAT I HAVE GIVEN UP SUBSWITHOUT ANY INDUCEMENT, ASSURANCE	OF LIABILITY, ASSUMPTION OF RISK AND INDEN STANTIAL RIGHTS BY SIGNING IT, AND HAVE SI OR GUARANTEE BEING MADE TO ME AND INT BILITY TO THE GREATEST EXTENT ALLOWED BY	GNED IT FREELY AND VOLUNTARILY END MY SIGNATURE TO BE COMPLETE
Participant Name	Signature of Participant, Parent, or Guardian	Date
Participant Address	City, State, Zip	
Participant Telephone #	Emergency Contact #/ Name	