



DOUG FINCH



Softball Pitching Clinic for Families

A clinic for softball pitchers and their parents

Attend one family clinic with Doug Finch and you'll learn more in one evening than you have ever learned about *throwing, hitting, and pitching.*

July 8, 2011
6 p.m.-9 p.m.
Wilburton High School Gym
1201 West Blair
Wilburton, OK 74578

\$65 per family of 4 with pre-registration
\$80 per family of 4 at the door
Must be attended by at least one parents (RECOMMEND BOTH)
Call Carl or Christina Nimrod if you have any questions
918-470-9659
918-448-0494
cmnimrod31280@yahoo.com

Send registration form and check or money order to:

**Carl and Christina Nimrod
P.O. Box 143 Wilburton, OK 74578**

Registration Form

Parent's Name(s) _____

Other Family Members Name(s) _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Parent's E-mail Address _____ Primary Position(s) _____

Registration confirmation will be sent via e-mail

Authorization to Participate/Insurance Verification/Liability Release

I give my permission to allow all family members attending to participate in the Doug Finch Softball Pitching Clinic for Families to be held at Wilburton High School Gym. I hereby authorize the staff or volunteers of Doug Finch Softball Pitching Clinic for Families to act for me according to their best judgment in any emergency requiring medical attention. I give my permission for any family member to be treated by a physician and/or hospital should immediate attention be deemed necessary and recognize that any fees incurred will be my family's responsibility.

I hereby waive and release Wilburton Public Schools, Coach Doug Finch or any staff members or volunteers of any liability for injury or illness, loss or damages of any kind sustained while participating or attending this clinic.

I also understand that the Clinic retains the right to use publicity and advertising purposes photographs of campers taken at the clinic.

I acknowledge that no video and/or audio recording of any kind is allowed at anytime during this clinic.

Name of Parent or Guardian (please print) _____

Signature of Parent or Guardian (required) _____ Date _____