

## Anoka High School Fastpitch Clinic

Put on by the AHS Varsity and JV Athletes and Coaches!  
For Softball Players Ages 4-12

Saturday, March 27th 2010  
At Anoka High School Gym

**Session 1** - For the Beginner: 8:30-11:00 am

**Session 2** - For more experienced player: 12:00-2:30 pm  
(Has played fastpitch for at least 2 or more seasons/parent's discretion)

**\$20.00 Fee plus receive a T-Shirt!**

*Please wear tennis shoes and bring your glove and a sweatshirt in case we go outside*

Please mail check made to *Anoka High School Softball Booster Club* and registration form by **Wednesday, March 17** to: Coach McDowell  
517 Western St.  
Anoka, MN 55303

Questions? Please email Katie McDowell at [Kathryn.mcdowell@anoka.k12.mn.us](mailto:Kathryn.mcdowell@anoka.k12.mn.us)

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Please detach and mail check and below information, plus the medical form.

Athlete's Name: \_\_\_\_\_

Pick Session 1 or 2: \_\_\_\_\_

Age: \_\_\_\_\_

T-Shirt Size (YS-YL or S-XL): \_\_\_\_\_

Parent Name: \_\_\_\_\_

Email: \_\_\_\_\_

# PERMISSION FOR MEDICAL TREATMENT

March 27, 2010 Anoka High School  
Softball Clinic

Name of Participant \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Health Insurance Co. Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
ID Number \_\_\_\_\_

To our knowledge, \_\_\_\_\_ is/ is not allergic to any medication  
(Please circle one )

If YES, the medications are \_\_\_\_\_  
\_\_\_\_\_

Other medical information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
Relationship \_\_\_\_\_

In the event that I cannot be contacted in case of emergency, I hereby authorize the director or staff of the clinic to seek medical treatment for my daughter. I also agree that Anoka High School staff will not be help responsible for any possible injury occurring this day.

Parent/ Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_