

## Dunbar HS Softball Clinic/ Medical Release Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

I certify that I am the parent or legal guardian of \_\_\_\_\_ and that I am granting my permission for the student to participate in this softball camp/clinic. I hereby release Fayette County Board of Education, its staff and agents from any and all liability ensued by students participating in this camp/clinic.

**INSURANCE (Required): Please indicate the name and policy number of insurance.**

\_\_\_\_\_

Insurance Policy Name and #

\_\_\_\_\_

Signature of Parent or Guardian

**Mail this form and a check to the following address: (Checks should be made payable to PLD Softball Club)**

PLD Softball  
PO BOX 910143  
Lexington, KY 40591-0143

For more information contact Coach Hill via email at [coach@pldfastpitch.com](mailto:coach@pldfastpitch.com)