

Hill College Recruit Day

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home# _____ Cell# _____

Email Address: _____

High School _____

Summer Team: _____

Position(s): _____

Please read and sign the following statement.

I am participating in the workout camp under the following conditions:

1. I am attending under my own free will and expenses.
2. I will not hold anyone responsible, for any injuries or problems incurred while participating in the camp.
3. I will take care of my own medical and hospital expenses should they be required.
4. I have had a physical examination in the last 12 months and have been found able to participate in activities including softball.
5. I have my parent's permission to participate in the softball tryout camp.

Signature: _____

Coaches Comments: