

GOT BUSTOS? HITTING CLINIC

Registration Information:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Parents email: _____

Parents Name: _____

School Attending: _____

High School Graduation Year: _____

Important: Participant releases, waives any claims and promises not to sue the Trustees of Indiana University on behalf of its Southeast Department of Athletics, Todd Buckingham, Liz Young, Crystl Bustos and Howard Carrier and any guest clinicians with respect to any loss incurred during or in connection with her participation in the clinic sponsored by the IUS Athletics and Crystl Bustos and or any activities associated with this clinic. Participant further agrees to hold harmless and indemnify said clinic and/or clinic director/guest clinicians, host establishment resulting from, arising out of or in any way associated with any loss. I/We being parents and/or legal guardian of the participant authorize the IUS Athletics, and Crystl Bustos and its agent's permission to request emergency medical treatment or care as necessary to insure the well being of our dependent. Participants, parents, and/or legal guardian understand and agree that any/all expenses incurred as a result of an injury received while voluntarily participating in this activity is the sole responsibility of the participant and not the university. Further, I claim that the registrant has had a physical exam in the past year and was found fit for all physical endeavor.

Signature of :

Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

Coaches Clinic will be held on Friday September 11, 2009 from 6:00 pm to 9:00 pm on the campus of Indiana University Southeast. First Session of the Hitting Clinic will be held on Saturday September 12, 2009 from 9:00 am to 12:00 pm. Autographs and Pictures will be between 12-1pm. The Second Session will be held Saturday September 12, 2009 from 1:00 pm to 4:00 pm Autographs and pictures will be between 4-5pm. The session schedule will repeat on Sunday, September 13th, 2009.

Make check or money order payable to IU Southeast Softball, a receipt will be sent to your email address along with directions.

Send **Registration Form** along with payment of \$80.00 for Hitting Clinic; and/or \$50.00 for Coaches Clinic. Pre-registration is **HIGHLY SUGGESTED**.

SPACES ARE LIMITED TO 50 PARTICIPANTS PER SESSION. Send registration to:

IU Southeast

4201 Grant Line Rd.

New Albany, IN. 47150

Attn: Todd Buckingham

For additional information you can contact Todd Buckingham at 812-661-9068 or email at tlbuckin@ius.edu

For office use: Date received _____ Amount: _____ Payment Type ck# _____ Money Order # _____