

Clinic Dates: 18 Jan, 25 Jan and 1 Feb, 8 Feb

REGISTRATION-\$180

4:30 PM – 6:30 PM AGES 7+

CLINIC T-SHIRT INCLUDED IN REGISTRATION FEE!

Link for more information and to register online: https://bit.ly/WildcatSBClinic2025

PLAYER'S NAME (PLEASE PRINT):						GE:	CURRENT GRADE:				
ADDRESS:				CITY:		STA	ATE:	ZIP:			
HOME PHONE:			CELL:			I	CE:				
T-SHIRT SIZE YS	YM	YL	YXL	AS	AM	AL	AXL_				

*PLEASE MAKE CHECKS PAYABLE TO: CVHS ATHLETIC BOOSTER CLUB

MAIL TO: CENTREVILLE HIGH SCHOOL WILDCAT WINTER SOFTBALL CLINIC

6001 UNION MILL RD. CLIFTON, VA 20124

OR BRING PAYMENT TO THE FIRST DAY OF THE CLINIC

REGISTRATION REQUIRES THAT A PARENT SIGN BELOW AGREEING THAT IN CASE OF AN ACCIDENT INVOLVING HIS OR HER CHILD WHILE ATTENDING THIS CLINIC, HE/SHE RELEASES THE CENTREVILLE H.S. WILDCAT WINTER SOFTBALL CLINIC FROM ANY AND ALL LIABILITY. IN CASE OF AN EMERGENCY, I GIVE MY PERMISSION TO THE DIRECTOR OF THE CENTREVILLE H.S. WILDCAT WINTER SOFTBALL CLINIC TO TRANSPORT MY CHILD TO THE EMERGENCY ROOM FOR CARE. I FULLY UNDERSTAND THAT CENTREVILLE H.S. WILDCAT WINTER SOFTBALL CLINIC DOES NOT PROVIDE MEDICAL INSURANCE.

PARENT/GUARDIAN SIGNATURE	DATE:	

In order to provide the best possible instruction/supervision and a low player-to-coach ratio - we staff our clinic based on the number of players registered. There will be NO REFUNDS after December 31st, 2024.

HEAD COACH JIM FERRICK

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