Haverford College Softball Fall Prospect Day is a great opportunity to learn about our softball program, meet current players and coaches, see campus, and showcase your skills.

**Softball Fall Prospect Day**  
**SUNDAY, SEPTEMBER 9, 2018**  
**(9:00 A.M. - 3:00 P.M.)**

WHERE: Haverford College - Class of '95 Field  
WHO: Open to grades 9-12  
COST: $110  
WHEN: Sunday, September 9, 2018  
DEADLINE TO REGISTER: September 5, 2018

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Haverford College Softball
Fall Prospect Day
Sunday, September 9, 2018

SCHEDULE
8:30 A.M.: Check In, Class of ’95 Field
9:00 A.M.: Skills camp
12:00 P.M.: Lunch (not provided)
12:45 P.M.: Warm up for scrimmages
1:00 P.M.: Scrimmage 1
1:45 P.M.: Scrimmage 2
2:30 P.M.: Recruiting Q&A
3:00 P.M.: Check out

WHAT TO BRING: Cleats, Bat, Helmet, Glove, Water Bottle, Lunch
(bring sneakers in case of inclement weather)

MAKE CHECK PAYABLE TO: Haverford College Softball

QUESTIONS CONTACT: Kate Poppe - cpoppe@haverford.edu - (610) 896-4999

MAIL CHECK, REGISTRATION FORM & SIGNED WAIVER TO:
Kate Poppe, Head Softball Coach
Haverford College
370 Lancaster Avenue
Haverford, PA 19041

Due by September 5, 2018
No refunds will be honored after Thursday, September 6, 2018

Name: _______________________________________________________________________________
Age: _______________ D.O.B.: ____________ Graduating Year: _________ Position___________
High School: __________________________________________________________________________
Address: _____________________________________________________________________________
City: ____________________________________ State: _____________ Zip: ______________________
Home Phone: __________________________________ Cell Phone: _____________________________
Email: ___________________________________ Parent’s Email: _______________________________
Parent(s)/Guardian(s): __________________________________________________________________
Insurance Carrier: ___________________ Group#: __________________ Policy#: __________________
Emergency Contact name/phone number: __________________________________________________________
ASSUMPTION OF THE RISK, WAIVER, AND RELEASE AGREEMENT

Name of Participant: _________________________  Name of Sports Camp/Clinic: _________________________

Dates of Sports Camp/Clinic: _________________________

In consideration of Haverford College's acceptance of Participant into the above Sports Camp/Clinic, and intending to be legally bound, Participant (and his/her parents and/or legal guardians if Participant is under the age of 18 years old) agree as follows:

It is agreed that all risks attendant to watching and/or participating in camp or clinic activities, including, but not limited to bodily injury and ailments resulting from high heat or humidity, are assumed by Participant and that this assumption is acknowledged, approved, and agreed to by Participant as indicated by the signature(s) hereto.

Participant certifies that s/he is physically able to participate in the above camp or clinic and knows of no physical impairments or conditions which would in any manner limit his/her participation in such a program. Participant hereby grants permission for the College, including its employees and contractors, as well as athletic trainers, physicians, dentists, and other licensed health care providers and their designees, to secure transportation for the provision of emergency medical treatment to Participant; to administer outpatient medical, surgical, or dental services, as necessary; to administer antigens or other injections, as necessary; to provide emergency medical services; and/or to refer Participant to other duly licensed medical personnel.

Further, Participant, for his/her self, heirs, executors, administrators, and assigns, does hereby release and forever discharge Haverford College, including its managers, administrators, employees, agents, students, and volunteers, from any claims that Participant might have with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of Participant's participation in the camp or clinic. Participant also agrees to save, hold harmless, and indemnify Haverford College, including its managers, administrators, employees, agents, students, and volunteers, against any and all claims, including for costs and attorneys' fees, resulting from his/her participation in the camp or clinic.

By signing this Agreement, Participant is giving up, among other things, any and all rights Participant may have to sue Haverford College for injuries, damages or losses resulting from participation in the camp or clinic.

Participant understands that the terms of this Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania, and that if any portion of the Agreement is declared invalid, the remainder of this Agreement shall remain binding and enforceable. Participant further agrees that this document constitutes the entire Agreement between the parties as to the subject matter herein, and that any oral representations, statements or inducements not specifically contained in this Agreement shall not be considered part of it.

_________________________________________  ______________________________
Name of Participant                    Date

_________________________________________  ______________________________
Signature of Participant                    Date

_________________________________________  ______________________________
Signature of Parent/Guardian      Date
(if Participant is under age 18)