



2021 27TH ANNUAL JILL ANDREWS MEMORIAL (J.A.M.) SOFTBALL CLINIC

MARK MAY 8TH ON YOUR CALENDAR FOR THE 27TH ANNUAL JILL ANDREWS MEMORIAL SOFTBALL CLINIC!!! Here is an opportunity for young girls ages 5 - 9 (10*) to have their own day to learn and brush up on their softball skills & start the season off right.

Deadline: **FRIDAY, APRIL 23RD**

JAM Date: **SATURDAY, MAY 8TH**

Fee: **\$15.00 PER PARTICIPANT** Location: **AIRPORT PARK**

Sign in: **8:30 - 9:00 a.m. For all ages & individual pictures taken**
(Please - No Early Birds)

Pick Up: **2:00 p.m. For T-Ball ages**
Pick Up: **3:00 p.m. For all other ages**

LUNCH IS PROVIDED FOR EACH PARTICIPANT

PLEASE SEE BACK SIDE FOR MORE INFORMATION

THIS FORM IS FOR 5 & 6 YEAR OLDS
(7-10 yr. Form is on the back. Please use one form per child.)

GIRL'S NAME _____ ADDRESS _____

PARENTS' NAME(S) _____ PHONE # _____

SCHOOL _____

DOCTOR _____ PHONE # _____

EMERGENCY CONTACT ON MAY 8TH _____ PHONE # _____

PHYSICAL LIMITATIONS / ALLERGIES _____

BIRTH DATE _____ GIRLS' AGE AS OF AUG. 31, 2021 _____

SHIRT SIZE _____ Y. SML _____ Y. MED _____ Y. LRG
_____ ADULT MEDIUM _____ ADULT LARGE

Size changes will only be allowed if there are extras after all girls have signed in.

WILL YOUR DAUGHTER BE PLAYING THIS SUMMER? **T-BALL:** _____ 1st yr. _____ 2nd yr.
7 - 10 YR. OLDS: _____ 1st yr. _____ 2nd or More yrs. **NEVER PLAYED** _____

WILL YOU HAVE A MITT? _____ YES _____ NO **RETURN THIS FORM WITH YOUR \$15.00 FEE TO: LEWISTON PARKS AND RECREATION AT 1424 MAIN STREET, LEWISTON, ID 83501**

REGISTRATION DEADLINE IS APRIL 23RD.

Being desirous that my child shall have the benefits of participating in the Lewiston Parks & Recreation program, I do hereby consent to my child's participation and engaging in all related activities of the Lewiston Parks & Recreation program. In case of injury or illness to the person or property of my child while engaging in any sponsored activity, I do hereby waive, relinquish and release any claim that might hereafter be made for damages for such injury or illness to person or property of my child against any officer, agent, coach, J.A.M. Associate, or other employee or representative of said Lewiston Parks and Recreation and City of Lewiston.

I am fully aware that any sport or activity that my child participates in has the potential of injury to said person and I am aware that the City of Lewiston Parks and Recreation division and J.A.M. Associates do not have medical insurance to cover such an injury. I know it is my responsibility to make sure my child is protected by medical insurance.

As parent or guardian I further assume all responsibility for transporting my child to and from the activity. I do hereby acknowledge that the child is doing so at my responsibility and not at the responsibility of any of the representatives of the City of Lewiston.

Dated this _____ day of _____, 2021 Parent / Guardian Signature _____

IN MEMORY OF JILL ANDREWS, WHO LOVED AND EXCELLED IN THE SPORT OF SOFTBALL, HERE IS WHAT THE DAY WILL OFFER:

- 1) The basic fundamentals of the game:

Hitting - off the tee and coach pitching	Throwing & Catching
Basic to aggressive fielding - etc.	Proper base running
- 2) Girls will be separated into groups, move through stations and scrimmage to practice what they've learned.
- 3) Approximately 30 experienced women coaches and players will be on hand to help make this day both worthwhile in your softball skills and to make sure you have LOTS OF FUN!!!
- 4) SPORTSMANSHIP will be stressed in this clinic as it is such an important part of the game and your daily life!

THINGS TO BRING: - MITT - TENNIS SHOES OR LEGAL SOFTBALL CLEATS
- DRESS APPROPRIATE FOR WEATHER & COMFORT - A POSITIVE ATTITUDE!!!

IF ANY QUESTIONS, PLEASE CONTACT: Sue Andrews at 208-746-0830 or 208-790-4830.

We do not want to turn anyone away due to financial hardship.
For information contact Sue Andrews at 208-790-4830.

THIS FORM IS FOR 7 - 9 (10*) YEAR OLDS

***We are accepting 10 yr. Olds who are new to the game or need to learn the basic fundamentals. Please use one form per child.**

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SCHOOL _____

DOCTOR _____ PHONE # _____

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PHYSICAL LIMITATIONS / ALLERGIES _____

BIRTH DATE _____ GIRLS' AGE AS OF AUG. 31, 2021 _____

SHIRT SIZE _____ Y. SML _____ Y. MED _____ Y. LRG
_____ A. SML _____ A. MED _____ A. LRG

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