



# WARREN HILLS YOUTH SOFTBALL CLINIC

The Warren Hills softball players will provide youth softball players an opportunity to work on the fundamental skills of the game in a fun and safe environment! This will also give the girls a chance to meet the players in the WH softball program.

**Date:** April 23,2025

**Time:** 6 pm - 8 pm

**Where:** Warren Hills High School Gymnasiums

**Who:** Any child entering Kindergarten - 8<sup>th</sup> grades

**Cost:** \$55 - *Make checks payable to: **The Streaks Softball Club or contact the Streaks Softball club for their Zelle information at the email address below.***

**Any questions, please email [thestreakssoftballclub@gmail.com](mailto:thestreakssoftballclub@gmail.com)**

**Please mail registration with payment to:**

**The Streaks Softball Club**

ATTN: Athletic Office  
Warren Hills Regional High School  
41 Jackson Valley Road  
Washington NJ, 07882

**\*\*\* Registrations received after April 10th cannot guarantee T-shirt**

**All players need to have:**

Sneakers, softball gloves, and water bottle. If they have a helmet and bat please bring it to use during the clinic.

## Softball Clinic Registration

\_\_\_\_\_  
*Player's Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Emergency Contact Name*

\_\_\_\_\_  
*Relationship to Player*

\_\_\_\_\_  
*Contact Daytime Phone of Emergency Contact*

\_\_\_\_\_  
*Parent Email Address*

**Kg 1st 2nd 3rd 4th 5th 6th 7th 8th**  
*Grade in school Fall 2025 (Circle one)*

Shirt Size: Youth – S M L  
Adult – S M L XL

I hereby authorize the above named player to be enrolled in this softball clinic. I understand there are possible risks of accidental injury to participants in athletic programs of this nature. With this understanding, I agree to hold the Warren Hills Regional School District, its coaches and administrators harmless for damages, injuries, and/or costs from accidental injury to the above named player.

\_\_\_\_\_  
*Parent/Guardian Signature*

