

NSA/Carolina Jayhawks Beach Showcase Clinic Form
Friday June 22 2018 8:00 AM to 11:00 AM

Please either mail to Jemel May 4307 Emerald Lane, Indian Trail NC 28079
OR SCAN and e-mail to jemelamay@gmail.com

Player Name _____ Age _____

Team Name _____

Primary Position _____

Secondary Position _____

Other positions _____

List of 3 or 4 colleges you have interest in possibly playing softball with

- 1
- 2
- 3
- 4

Parent Permission- I _____ give my daughter permission to participate in this clinic and understand that in any sport that injuries could occur. I will hold harmless, The National Softball Association, The Carolina Jayhawks, all coaches and others conducting the clinic and the City of Wilmington Parks and recreation.

Signed _____ Date _____