



**Gulf Coast State College  
Softball**

**Elite Prospects Clinic**

**\$75 per athlete**

**Gulf Coast Softball and Head Coach, Scot Thomas, would like to invite you to join us on November 21st to build on your softball hitting skills with the Gulf Coast State Softball staff at our beautiful complex here in Panama City, FL!**

**WHO:** Grades 9-12

**WHEN:** Saturday, November 21, 2020

**TIME:** 9:00am-1:00pm

**WHERE:** Joe Tom King Complex  
Panama City, FL 32401

**WHAT TO BRING:** Turfs/Sneakers, Cleats, gloves, bats, helmets, catchers gear, face masks, water bottles and any medicines you may need for physical activities.

**Due to social distancing, No Spectators will be permitted inside the fence during clinics.  
Essential personnel only.**

\*Please send the registration form and signed insurance waiver to Karli Perque at [kperque@gulfcoast.edu](mailto:kperque@gulfcoast.edu).

If you have any further questions, please reach out to Karli Perque via the email above or by phone at 504-373-1051.

2020 Gulf Coast State Softball Elite Prospects Clinic Registration Form

Athlete's Name: \_\_\_\_\_

Athlete's Grade and Age: \_\_\_\_\_

Primary Position: \_\_\_\_\_

Secondary Positions: \_\_\_\_\_

**SPORTS CAMP**  
Student Information & Release

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_ School \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Does your child have any emotional, behavioral, or physical problems or conditions we should be aware of? (If yes, please explain and advise if he/she is under a doctor's care for the problem.):

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List any medications your child is currently taking and when they are taken: \_\_\_\_\_

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I indemnify and hold Gulf Coast State College (GCSC), its employees, volunteers, and agents harmless from any liability or medical payments resulting from my child's participation or other activities during his/her time at Sports Camp. I further understand that GCSC does not provide medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own medical insurance or me. I hereby grant permission for my child to attend, to participate in all activities, and to be treated by a licensed physician in the event of any injury, accident, illness, or other situation that may require medical attention. I also give GCSC staff permission to photograph and video my child while participating in Sports Camp activities.

Basic standards of good behavior are required at all times for all students. Sports Camp is a fun learning environment, and participants are expected to behave in an appropriate manner toward their instructors and each other. If a child is a disruption for other students during camp, he/she will be removed from all activities, counseled by staff, and a guardian will be notified. If a child is removed from camp for repeated disruptive behavior, no refunds will be given.

By signing below you understand what is expected of you and your child during participation with Sports Camp. Your signature below also signifies your understanding of the procedures used for disruptive or inappropriate behavior while on the campus of GCSC. It is important that you also understand that NO REFUND will be given if a student is dismissed from the camp for inappropriate behavior.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

Please list all persons who have permission to pick up child from Sports Camp activities:

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