

# Lakeland

## COMMUNITY COLLEGE

### FALL SOFTBALL LEAGUE

SUNDAY, AUG. 30 - SUNDAY, OCT. 4

For more information contact Lakers Head Coach Jeff Morganti at [softball@lakelandcc.edu](mailto:softball@lakelandcc.edu) or 440.487.9443

#### ABOUT THE LEAGUE

- Proof of team insurance required
- Provide own game ball
- Softball field located behind the Athletic & Fitness Center (Y-Building)
- Easily accessible
- Parking available close to field
- Two outdoor batting cages
- Expansive room beyond outfield fence to warm-up



#### ADDRESS

Lakeland Community College  
7700 Clocktower Dr.  
Kirtland, OH, 44094



#### LEAGUE INFORMATION

##### Cost:

\$425 per team

##### Dates:

Sunday, Aug. 30  
Sunday, Sept. 6  
Sunday, Sept. 13  
Sunday, Sept. 20  
Sunday, Sept. 27  
Sunday, Oct. 4

##### Game Times:

8 a.m.  
9:25 a.m.  
10:50 a.m.  
12:15 p.m.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_ POSITION(S) \_\_\_\_\_

Return form to: Lakeland Community College | Attn: Softball Fall League | 7700 Clocktower Dr., L-111 | Kirtland, OH 44094

Payment Method:  Check Enclosed (make checks payable to Lakeland Softball)

The undersigned warrants and represents that he/she is a parent or legal guardian of \_\_\_\_\_ (hereinafter referred to as the "Participant") and that the undersigned possesses the authority to execute this Waiver of Liability/Release of Claims on behalf of the Camper. The Participant herein described has permission to engage in all league activities except as noted. I hereby give permission to the league to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the league to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I/We, the parent(s) of the above stated participant understand and acknowledge that there are inherent risks and dangers in the activities and programs offered by Lakeland Community College Softball Fall League. I/ We hold Lakeland Community College harmless of any accidents/injuries relating to the activities, programs, and transportation services rendered by the company.

I/We release Lakeland Community College of all legal responsibility and liability.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_

EMERGENCY PHONE NUMBER \_\_\_\_\_