



ALLABOUTFASTPITCH.COM presents The HAWAII BUSTOS BASH

☐ Parent/Coach Clinic-Friday 8/5/11, 6:00pm - 8:00pm- \$40

☐ Players Clinic Saturday, 8/6/11 & Sunday 8/7/11 - 9am - 4pm - \$99
(lunch 12pm - 1pm)

Please check the box above to indicate which clinic you will be attending. All Participants must provide a copy of their "Health Insurance Card" with their registration form.

REGISTRATION INFORMATION FOR PARTICIPANT ATTENDING PARENT/COACH CLINIC & PLAYERS CLINICS

Name: _____

Street: _____ City: _____

State: _____ Zip: _____ Parent Cell Phone: _____

Players Age: _____ Parents Email: _____

Softball Team Name: _____

This section needs to be completed by the parent or guardian of the participant attending the players clinic. Or If you are a parent or coach attending the coaches clinic:

Name: _____

Hold Harmless: Participant releases, waives any claims and promises not to sue Got Bustos? LLC, Kapolei HS and/or club/ clinic director, Crystl Bustos and any guest clinicians with respect to any loss incurred during or in connection with her participation in the clinic and or any activities associated with this clinic. Participant further agrees to hold harmless and indemnify said clinic and/or clinic director/guest clinicians, host establishment resulting from, arising out of or in any way associated with any loss. I/We being parents and/or legal guardian of the participant authorize Got Bustos? LLC Kapolei HS staff, Crystl Bustos, guest clinicians and its agent's permission to request emergency medical treatment or care as necessary to insure the well being of our dependent. Further, I claim that the registrant has had a physical exam in the past year and was found fit for all physical endeavor.

**Featuring Crystl Bustos
& Howard Carrier**

Release of Rights to Photos

I, _____ give permission for Got Bustos? Sports Training, LLC to use photos of
_____ taken during a clinic, lesson, practice, team workouts or camp. I understand

photos may be used on the Got Bustos? Website and in promotional advertisements for upcoming Got Bustos? Events.

Date _____

Signature of Participant _____ (if under 18 yrs old)

Crystl Bustos has all rights to her photos and knowledge. Photos taken at this event must be first approved for use by Crystl and will not be used to sell by anyone other than herself. **No videotaping allowed! Please initial that you have agreed to the "release of rights to photos"** _____

- ✓ Mail or email registration form to Stacie Mahoe, 89-346B Mano Avenue, Waianae, HI 96792
- ✓ staciemahoe@gmail.com or 808-864-3346
- ✓ Payment for \$99 or \$40 can be made by check payable to Stacie Mahoe OR
- ✓ Payment can be made thru Paypal:
- ✓ QUESTIONS: Mary Ellen Bonner 513-659-3976 or gotbustosclinics@gmail.com

T-shirt size, please circle one: YS YM YL AS AM AL AXL AXXL

