



Riley Baseball Instruction

Wachusett Plaza ~ 184 West Boylston St (Rt 12) ~ West Boylston
508-835-1734 www.rileybaseball.com

Camp / Clinic Registration Form

2010 (Ages 7-13) Holiday Vacation Clinic

Mon ~ December 27 - Thu ~ December 30

9AM - 2 PM (Full Day)

9AM - 11:30 AM (1/2 Day)

11:30 AM - 2 PM (1/2 Day)

Participant's Name _____

Date of Birth _____ 2011 Little League Age _____

or

20010-11 HS Grade _____

Address _____

City _____ State _____ Zip _____

Parent(s) / Guardian(s) Information

Father _____ Mother _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Alternate Contact Information (Persons authorized to provide transportation and/or assume temporary custody/care for my child (illness, camp closing, etc))

Alt #1 _____ Alt #2 _____

Relationship _____ Relationship _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Address _____ Address _____

City _____ City _____



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Medical Information and Indemnification Form

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Participant's Name _____

Medical Information and Medical Treatment Authorization

In the event of a medical emergency, if the Riley Baseball Instruction Staff is unable to reach me, I hereby authorize the Staff to secure necessary medical attention for my child.

Parent / Legal Guardian (please print) _____

Signature _____ Date _____

Insurance _____ Card # _____

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Allergies _____

Special Conditions _____

Special Restrictions _____

Waiver of Liability, Release, Assumption of Risk and Indemnity Agreement

The Participant and/or participant's parent(s) / guardian(s) acknowledge, understand and assume all risks inherent with participation in this program.

I, the parent / guardian of _____ (The Participant) hereby release, discharge and/or otherwise indemnify Riley Baseball Instruction and any of its officers, affiliates, sponsors, employees and associated personnel against any legal claim by or on behalf of The Participant or his/her family as a result of participation in the program.

Parent / Legal Guardian (please print) _____

Signature _____ Date _____

Payment Information Make check payable to Riley Baseball Instruction and mail to the above address. To ensure a spot in a limited-participant camp or clinic, you can bring the payment directly to RBI.

2010 (ages 7-13) Holiday Vacation Clinic Cost - \$175 (full day) / \$90 (1/2 day) Camp Limit - 100

For Riley Baseball Instruction Use Only

Amount Paid _____ Cash Check Ch# _____