



# Riley Baseball Instruction

Wachusett Plaza ~ 184 West Boylston St (Rt 12) ~ West Boylston  
508-835-1734 [www.rileybaseball.com](http://www.rileybaseball.com)

## Camp / Clinic Registration Form

### 2010 (Ages 7-13) Summer Vacation Camp #3

**Mon ~ Aug 2 - Fri ~ Aug 6**

9AM - 2 PM (Full Day - \$200)

9AM - 11:30 AM (1/2 Day - \$100)

11:30 AM - 2 PM (1/2 Day - \$100)

*Note: Camp is held at St. Peter-Marian Jr-Sr High School*

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ 2010 Little League Age \_\_\_\_\_

or

2009-10 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

### 2010 (Ages 7-13) Summer Vacation Camp #3

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) Summer Vacation Camp #3 Cost - \$200 (full day) / \$100 (1/2 day) Camp Limit - 125

#### *For Riley Baseball Instruction Use Only*

Amount Paid \_\_\_\_\_ Cash  Check  Ch# \_\_\_\_\_