

DISTRICT ATTORNEY SAM SUTTER'S

Free One Day Baseball Clinic for Attleboro Youth

All Registration Forms **MUST** be **MAILED, FAXED** or **RETURNED** to the following location:

District Attorney's Office
 Attn: Brian Rose
 888 Purchase St, New Bedford MA 02740
 508-991-7641 Fax

Child's Name: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: () _____-_____	<b style="text-align: center;">Emergency Contact Info: Parent/Guardian: _____ Cell Phone: () _____-_____ Alt Phone #: () _____-_____ Email: _____
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*****Media Release*****

I give permission for photographs, audio tape recordings and video recordings taken of my son/daughter _____ at the Free Sports Clinics sponsored by the Bristol County District Attorney's Office, can be used by the Bristol County District Attorney for publicity purposes.

x _____
 Signature of Parent or Guardian _____
 Date

SPACE IS LIMITED!!!

Please note: Transportation to and from the clinics is not provided.
 All parents and children are responsible for securing their own transportation to and from the clinics.

*****Please check time below:**

Saturday, March 13, 2010
****One Day Only****
10am – 1pm

Attleboro High School – 100 Rathbun Willard Drive

Grades 1-4 will meet from 10am - 11:30am.
 Grades 5-8 will meet from 11:30 am -1pm.

*****Important!*****

Please read the following carefully and sign below.

In consideration of recreational baseball services provided by the Massachusetts District Attorney for the Bristol District, C. Samuel Sutter, individually and/or in his official capacity, his employees or volunteers (hereinafter "provider"), I agree to hold harmless, release and/or discharge said provider from any and all injury past, present or future, any past, present or future claim, or potential claim as a result of any negligent act, willful or wanton negligent act or intentional act by any third party known or unknown, foreseen or unforeseen, anticipated or unanticipated. I further agree to indemnify said provider for any and all loss incurred by said provider as a result of any and all claims made as a result of my participation in the services made available by the provider.

Parent/Guardian Signature: _____

I have read and understood all of the information presented above.

Parent/Guardian Name: _____
(Please print.)

Signature: _____

Date: ____/____/____

For more information, please contact:
 Brian Rose, DA Volunteer Coordinator at (508) 961-1972.

