

# DISTRICT ATTORNEY SAM SUTTER'S

## Free Baseball Clinic for New Bedford 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 #: (     ) _____-_____	<h3 style="text-align: center; margin: 0;">Emergency Contact Info:</h3> 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, February 27, 2010

**\*\*One Day Only\*\***  
 10am – 1pm

GNB Voc Tech High School – 1121 Ashley Blvd

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.

