

# DISTRICT ATTORNEY SAM SUTTER'S

## Free One Day Baseball Clinic for Taunton 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>Emergency Contact Info:</b> 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 27, 2010

### \*\*One Day Only\*\*

### 1pm - 4pm

Taunton High School - 50 Williams Street, Taunton

- Grades 1-4 will meet from 1pm - 2:30pm.
- Grades 5-8 will meet from 2:30pm - 4pm.

### \*\*\*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.

