RIVER FALLS YOUTH BASEBALL
PRE-TRYOUT CLINICS
Sunday February 28, 2010 6:00-8:00PM
Sunday March 7, 2010 4:00-6:00PM
Sunday, March 21, 2010 6:00-8:00PM
UWRF Knowles Center
Registration Form

Name:_____
First Last Initial

Address: _____
Number & Street City State/Zip

Home Phone #: _____Cell#_____ Male / Female

Email: _____ Child's Birth date:_____

Grade as of 4/1/10 (circle): 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Father's Full Name:_____Daytime or Cell#_____

Mother's Full Name:_____Daytime or Cell#_____

**Batting Cages, Hitting Stations, Pitching, Infield/Outfield Stations.Bring tennis shoes, bat & glove.

Check The Dates That You Want To Attend:

_____February 28th, 6:00-8:00PM _____March 7th 4:00-6:00PM

_____March 21st, 6:00-8:00PM

Cost: $15.00 per session or $30.00 for all 3 sessions Amount enclosed: $_____

****

Parent/Guardian Agreement

I, the parent/legal guardian of the registrant listed above, a minor; recognize the possibility of physical injury associated with Athletics, and in consideration of the River Falls Youth Baseball Organization, accepting the registrant for its Baseball Clinics. I hereby release, discharge, and/or otherwise indemnify River Falls Youth Baseball including the sponsors, their employees and associated personnel, including the owners of the facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in this program.

SIGNATURE:_____DATE:_____

FORM MUST BE SIGNED AND TURNED IN BEFORE REGISTRANT WILL BE ALLOWED TO PARTICIPATE.