

RBIS 2008/2009 Winter Clinic Registration Form
Mail To: RBIS, Attn: Summer Camp, 259 Main St, Ledgewood, NJ 07852

Participants Name: _____ M ___ F ___

DOB: _____ Grade: _____ (as of Sept 1 of current school year)

Fathers Name: _____ Home# _____ Cell# _____

Email: _____

Mothers Name _____ Home # _____ Cell# _____

Email: _____

Address: _____

*Email will be used to inform participants of any upcoming events or clinics

Emergency Contact other than above: _____ # _____

Throws: _____ Bats: _____ Primary Position _____ Secondary Position _____

Adult and Minor Participant Waiver/Release/Assumption of Risk Agreement

In consideration of participating in any way in the athletics/sports programs, and/or otherwise participating in or attending events or activities, at the Line Drive Baseball Academy, LLC, during the twelve month period between Jan 1-Dec 31 coinciding with the date of receipt of this document, the undersigned:

1. Agrees that he or she, or the parent(s) or legal guardian(s) of the minor participant understand, and/or will instruct the minor participant, that prior to participating he or she shall inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she shall immediately inform his or her coach or supervisor, or personnel employed by Line Drive Baseball Academy, LLC of such condition(s) and refuse to participate unless and until such condition(s) is cured or removed.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and that severe social and economic loss may result not only from his or her own actions, inactions, or negligence but from the actions, inactions or negligence of others, as well as the rules of play, the condition of the premises or from any equipment used. Further that there may be other risks not known to the adult and/or minor participant including risk that may not be reasonably foreseeable.
3. Assumes all of the foregoing risks and accepts personal responsibility for any injury, disability or death, and any damages, whether social or economic
4. Represents that I, or my child, am qualified, in good health and in proper physical condition to participate in activity(ies) at Line Drive Baseball Academy, LLC Line Drive Baseball Academy, LLC and hereby authorize any representative of Line Drive Baseball Academy, LLC, or medical provider, to seek medical attention on my behalf, or on behalf of my child, to ensure my well being, or the well being of my child, without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue operations.
5. Releases, waives, discharges, and covenants not to sue Line Drive Baseball Academy, LLC, its affiliated clubs, administrators, members, directors, agents, coaches, referees, and/or other employees of Line Drive Baseball Academy, LLC, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors/lessees of the premises used to conduct the event or activity in which I, or the minor participant for whom I am responsible, participate (all of which are hereinafter referred to as "releases"), from any and all liability to each of the undersigned, his or her heirs and the next of kin, for any and all claims, demands, losses damages on account of any injury, including death or damage to property, caused or alleged to have been caused, in whole or in part, by the releases or otherwise.
6. I hereby authorize Line Drive Baseball Academy, LLC to utilize in any promotional materials any photograph taken of me, or my child, while participating in any activity at Line Drive Baseball Academy, LLC.

I/WE HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THAT I/WE HAVE GIVEN UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT.

Please Circle Your Choice of Clinics:

Hitting Clinic: Grades 4th-6th Mondays Feb 2nd-March 2nd 6:30-7:30pm

Pitching Clinic: Grades 4th-6th Thursdays Feb 5th-March 5th 6:30-7:30pm

Baseball Basics: Grades 1st-3rd Saturdays Feb 28th-March 28th 10-11:00am

Impact Hitter Clinic Grades 7th-9th Saturdays Dec 27th & January 3rd 1:00-2:15pm

Impact Hitter Clinic Grades 10th-12th Saturdays Dec 27th & January 3rd 2:45-4:00pm

Current Member: Yes No Total Amount: _____

Cash Check Credit Card# _____ - _____ - _____ Exp Date:

Printed Name of Parent, Guardian: _____ Signature of Parent, Guardian: _____