

# DISTRICT ATTORNEY THOMAS M. QUINN III

## Free Baseball Clinic for Fall River Youth with Former Red Sox Brian Rose

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: _____ School Attending: _____	Parent/Guardian: _____ Telephone #: (     ) _____-_____ Alt Phone #: (     ) _____-_____ Email: _____ <p style="text-align: center;"><i>(Confirmation Email &amp; Future Event Notification)</i></p>
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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.

## Saturday, March 14, 2015

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

## 9am – 11am

Durfee HS Gym: 360 Elsbree Street

**Indoor Clinic:** Sneakers (no cleats), Glove and Bat recommended  
 Some equipment will be available to borrow for session

### \*\*\*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, Thomas Quinn III, 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.

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

Parent/Guardian Name: \_\_\_\_\_  
 (Please print.)

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

For more information, please contact Brian Rose at the DA Office:  
 (508) 961-1972 or [Brian.Rose@state.ma.us](mailto:Brian.Rose@state.ma.us)

