

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 & 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 16, 2019

One Day Only

10am – 12pm

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

