

2015 RoughRiders Baseball Academy

Dr Pepper Ballpark

June 9, 10, and 11, 2015 · 9am – 12pm

Ages 9-12

Participant's Name: _____ Date of Birth/Age: _____

Primary Position: _____

T-Shirt Size (Please circle one): Youth: M L Adult: S M L XL

Parent/Guardian: _____ E-Mail: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Fee: \$125 (Includes 3 days of instruction and a RoughRiders Baseball Academy gift bag)

Method of Payment:

1. CREDIT CARD*:

AMEX ___ Visa ___ MasterCard ___ Discover ___

Card #: _____ Exp. Date: _____

***When paying with credit card, fax completed form to 972-731-5355.**

2. CHECK*:

Check # _____

***Faxed forms will not be accepted if paying by check.**

Mail form with check to:

Frisco RoughRiders Baseball

Attn: Kristin Russell

7300 RoughRiders Trail

Frisco, TX 75034

Emergency Contact/Medical Release:

Emergency Contact: _____ Emergency Contact Phone: _____

Medical Conditions/Allergies: _____

Medicines Currently Taking: _____

Insurance Company: _____ Insurance Company Phone: _____

Policy Number: _____ Name of Policy Holder: _____

For good and valuable consideration, the sufficiency of which I hereby acknowledge, I, the undersigned, personally and on behalf of and as the parent and legal guardian of the above mentioned participant, ("Minor") and our successors and assigns, agree to release, indemnify, covenant not to sue, defend and hold harmless: the Frisco RoughRiders, Frisco RoughRiders LP, Frisco RoughRiders GP Inc., the City of Frisco, Texas, and all of their respective directors, officers, members, shareholders, subsidiaries, partners, agents, employees, successors, parents, beneficiaries, heirs, executors, administrators, assigns and affiliates thereof (collectively, "Releasees"), from and against any and all claims, suits, losses, damages, expenses, costs, and liabilities (including reasonable attorneys' fees and expenses) which hereinafter may accrue or arise against the Releasees and which in any way arise out of or are in anyway related to (a) Minor's participation in one or more of the Frisco RoughRiders Baseball Academy events (collectively, the "Clinics") and (b) the use of Minor's name, photograph, quotation, and likeness in any advertising or promotions, including without limitation those that relate to the Clinics.

I hereby acknowledge, personally and behalf of Minor, that Minor is physically fit to participate in the Clinics, and have not been advised otherwise by a medical practitioner. In connection with any injury, illness or other medical conditions that Minor may sustain or experience during his/her participation in or attendance at the Clinics, I, on Minor's behalf, authorize any emergency medical treatment in the event I cannot be reached.

I, PERSONALLY AND ON BEHALF OF MY CHILD, (A) UNDERSTAND THE DANGER OF PERSONAL INJURY THAT MAY RESULT FROM PLAYING BASEBALL AND PARTICIPATING IN THE CLINICS; (B) ASSUME ANY AND ALL RISK THAT IS IN ANY WAY ASSOCIATED WITH, RELATED TO OR OCCURS AS A RESULT OF MY CHILD'S PARTICIPATION IN THE CLINICS; AND (C) HEREBY GIVE RELEASEES, OR ANY ONE OF THEM PERMISSION TO USE MY AND/OR MY CHILD'S NAME, PHOTOGRAPH, QUOTATIONS AND LIKENESS IN ANY ADVERTISEMENTS OR PROMOTIONS PERFORMED IN CONNECTION WITH THE FRISCO ROUGHRIDERS, INCLUDING WITHOUT LIMITATION THOSE THAT RELATE TO THE CLINICS AND AGREE THAT NEITHER I NOR MY CHILD SHALL BE ENTITLED TO ANY COMPENSATION FOR SUCH USE.

Printed Name: _____

Signature: _____ Date: _____

*If the RoughRiders Baseball Academy is canceled in its entirety for any reason your registration fee will be refunded.