

RCTC Fall Baseball League

Game Days: Sundays, August 28 through October 9, 2011 (No Practices!)

Players entering grades 10-12 Fall of 2011!

Cost: \$90 dollars per player(includes T-shirt)

Indicate that want to be on same team or we will put you on one!

Fill out and send with check (payable: RCTC Baseball) by: August 15, 2011 to:

**Steve Hucke, Head Baseball
RCTC
851 30th Ave SE
Rochester, MN 55904
Questions: 507-529-6298 or steve.hucke@roch.edu**

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RCTC Fall League Registration

Name: _____ Grade: _____ Shirt size: L XL

Address: _____

State/Zip: _____

Home Phone: _____ Cell: _____

Email: _____

High School: _____ Pos(s): _____

Parents: _____

(H): _____ (W): _____

Team Name (if have one): _____

Waiver of Liability, Indemnification, and Medical Release

To be signed by parent/guardian of student participating in the event identified below.

I am aware of the dangers and risk to my child's person and property involved in participating in the RCTC Fall Baseball League. On behalf of my child, my child's personal representatives, heirs, next of kin, successors and assigns, I hereby: a. waive, release, and discharge the RCTC Fall Baseball League, State of Minnesota, the Minnesota State Colleges and Universities, Rochester Community and Technical College and their officers and employees from any and all liability for my child's death, disability, personal injury, property damage, property theft or claims of any nature which may hereafter accrue to my child and/or my child's estate as a direct or indirect result of my child's participation in the activity or event: and b. agree to indemnify, save an hold harmless the RCTC Fall Baseball League, State of Minnesota, the Minnesota State Colleges and Universities, Rochester Community and Technical College and their officers and employees from and against any an all claims of any nature including, but not limited to, all costs, expenses and fees directly or indirectly arising out of or resulting from my child's actions during this activity or event

I hereby consent for my child to receive medical treatment that may be deemed advisable in the event of my child's injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide release, indemnification, and waiver to all maximum extent permissible under applicable law.

I, undersigned parent/guardian, acknowledge that I have read and understand the above Waiver of Liability, Indemnification and Medical Release, and that I am signing it freely and voluntarily.

Print Name: _____ Signature: _____

Relationship to Child: _____ Date: _____

Social Security Number (In case refund is necessary): _____

Event: _____