

RBI Fall and Winter Player Clinics

In Association with Richfield High School and RBR

★ **NEW this year:** See below for details on how to register online!

**** Register by November 3rd ****



What:

Register now for the **RBI Fall and Winter Player Clinics** to develop, build and refine the fundamentals of RBI and RBR players. These clinics are designed to progressively **build fundamentals** over a 5-week period. Topics include hitting, fielding, base running, pitching, catching and the mental side of the game.

Who is eligible?

Group 1: Players who are eligible to play in RBI's Minor's or Major's Division next year
Group 2: Player eligible to play in RBR (Richfield Babe Ruth) next year

Who is teaching these skills?

Richfield High School coaches and players will be running drills and instructing your player(s)

Cost: \$35 per session (\$70 for both) *A portion of the fee will go to Richfield Dugout Club.
Your registration also includes a t-shirt and video of your player with comments from a Richfield Coach!

When: Session 1; Sundays November 6, 13 and 20 December 4 and 11
Session 2; Sundays January 15, 22 and 29 February 12 and 19

Time: Group 1: 4:00 – 5:00 p.m.*
Group 2: 5:00 – 6:00 p.m.*

Questions? Email Kyle at:
clinics@richfieldbaseballinc.org

Limits and Priorities:

Each group will be capped at 60 players
Priority 1: Richfield Residents
Priority 2: RBI/RBR participants from the 2011 season
Priority 3: Remaining registrants in order of registration

**Times subject to change depending on number of players.*

NEW!! Register Online at: <http://www.richfieldbaseballinc.org>

OR mail all registration forms & payment to:

RBI/RBR Clinics
PO Box 23614
Richfield, MN 55423

FALL & WINTER PLAYER CLINIC REGISTRATION FORM

Player's Name: _____ DOB _____ Grade Level (Year 11-12) _____
Address: _____ City: _____ Zip code: _____
Player Home Telephone: _____ Parent Telephone: _____
Name and Location for School Player Attends: _____
Parent/Guardian Name(s): _____
Email Address 1: _____ (write legibly!)
Email Address 2: _____ (write legibly!)

RBI Player (Group 1: 4- 5 p.m.) Richfield Babe Ruth Player (Group 2: 5-6 p.m.)

_____ Registering for ONLY Session 1 (\$35) Nov. 6, 13, 20 & Dec. 4, 11
_____ Registering for ONLY Session 2 (\$35) Jan. 15, 22, 29 & Feb 12, 19
_____ Registering for Both (\$70)

REGISTRATIONS DUE NOVEMBER 1ST & ARE NOT CONSIDERED REGISTERED WITHOUT PAYMENT!
RBI/RBR Clinics · PO Box 23614 · Richfield, MN 55423

Minor Waiver/Release of Liability for Minor Participants READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward, as identified on the reverse side, being allowed to participate in any way in the related events and activities related to Richfield Baseball Inc. "Fall/Winter Clinics", the undersigned parent/guardian acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS RICHFIELD BASEBALL INC.;** its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY INDEMNIFY AND HOLD HARMLESS** all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, **EVEN IF ARISING FROM THEIR NEGLIGENCE,** to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE) (PRINT NAME OF PARENT/GUARDIAN) DATE SIGNED

PARTICIPANT ACKNOWLEDGEMENT FOR UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE) (PRINT NAME) DATE SIGNED