

**RICHFIELD BASEBALL, INC.**  
**2010 FALL BALL REGISTRATION FORM**

Player Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade Level (Year 10-11) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Player Home Telephone: (\_\_\_\_) \_\_\_\_\_ Parent Telephone: (\_\_\_\_) \_\_\_\_\_

Name and Location for School Player Attends: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
(For League Communications)

Enclosed is Registration Payment in the amount of \$50 payable to RBI (\$60.00 if player did NOT play RBI Summer League 2010 due to additional insurance expenses). Check No. \_\_\_\_\_

Have you previously participated in the Richfield Baseball Inc House Program?  Yes  No

If yes, please state last season of full play in RBI House Program (i.e. Summer 2010): \_\_\_\_\_

Also indicate League and Team Name (i.e. Minors/Rockies): \_\_\_\_\_

If no, please indicate if you have previously participated in another Baseball Program by providing program name and program details (i.e. Minneapolis Park and Rec Board, player pitch or machine/coach pitch): \_\_\_\_\_

(To be eligible to participate in RBI Fall Ball you can not turn 13 before 4/30/11 and you must have participated as a Minor or Major League Player during a previous RBI Season. Alternatively, if space permits, we will allow registrations from outside the RBI House League if the player meets age requirements and has appropriate playing experience. The Commissioner's decision on "appropriate experience" is final.)

Friend or coach you wish to play with, only one person may be listed. Multiple requests are not always able to be honored; therefore, best effort is made but not guaranteed: \_\_\_\_\_

Potential scheduling conflicts during season (i.e. family vacations, hockey camp or other academic, athletic or fine art commitments):  
(Due to the short Fall Ball Season you must be willing to make a commitment to participate in at least 4 of the 5 Sundays.)

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**VOLUNTEERS ARE NEEDED FOR OUR FALL LEAGUE!**

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

RBI Fall Ball is tentatively scheduled to play doubleheaders on Sunday afternoons from September 12, 2010 thru October 10, 2010 for a maximum of 10 games. RBI Fall Ball does NOT anticipate scheduling weather related make-ups at this time due to field availability.

**ALL PARENTS/GUARDIANS AND PARTICIPANTS MUST READ AND ACKNOWLEDGE THE "MINOR WAIVER/RELEASE OF LIABILITY FOR PARTICIPANTS" ON THE REVERSE SIDE IN ORDER TO PARTICIPATE IN FALL BALL. FAILURE TO PROPERLY COMPLETE THE WAIVER WILL RESULT IN YOUR REGISTRATION BEING REJECTED.**

**-REGISTRATION WILL NOT BE ACCEPTED WITHOUT PAYMENT! -**

**- LIMITED SPACE. PRIORITY GIVEN FIRST IN ORDER OF PAID ENTRY RECEIVED.-**

**ONLY FORMS POSTMARKED BY AUGUST 6, 2010 ARE ELIGIBLE TO REGISTER to:**

RBI • PO Box 23614 • Richfield, MN 55423

**Minor Waiver/Release**  
**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 Ball", the undersigned parent/guardian on reverse side 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: \_\_\_\_\_