



2015

Rochester Royals / RCTC Baseball Clinic



Name: _____ Date of Birth: _____ Grade: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

MAIL IN - REGISTRATION DEADLINE - DECEMBER 4th, 2015

CHECKS PAYABLE TO: ROCHESTER ROYALS, PO BOX 7316, ROCHESTER, MN 55903

Tuition: \$90.00 (Rookie) • \$100.00 (Skill & High School)

Skill Level

Rookie (3rd-5th Gr.)	Skill (6th-8th Gr.)	High School (9th-12th Gr.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/we hereby request that you accept this application for enrollment in the Rochester Community & Technical College (RCTC) & Rochester Royals Winter Baseball Clinic during the dates set forth in this application. In consideration of your acceptance of this application, I/we hereby release the RCTC & the Royals and all its employees, the clinic director, and any assistants from claims on account of injuries, which may be sustained by my/our son while attending this clinic. I/we agree to indemnify RCTC & the Royals and its employees, the director, and assistants of the clinic. For each claim we may hereby be presented my/our son as a result of any such injuries. I/we also satisfy that my/our son is medically fit to participate in your program.

Parent or Guardian Signature: _____ Date: _____