

# BRIAN ROSE BASEBALL CLINIC APPLICATION & WAIVER

Please mail this form and Doctor's Papers Prior to the Clinic to  
11 Fernandes Way, Dartmouth MA 02747

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSURANCE: Y / N NAME OF COMPANY:

\_\_\_\_\_

EMERG. CONTACT & PHONE: \_\_\_\_\_

**Waiver:** I \_\_\_\_\_, Parent or Guardian of \_\_\_\_\_, hereby give permission to my son / daughter to participate at the Brian Rose Baseball Clinic. I hereby covenant and agree with any and all parties of Brian Rose Baseball, the Town of Mattapoisett, the Town of Mattapoisett Recreation Department, Old Rochester Regional School District, and Olde HammondTown School; their officials, agents, representatives, and successors to hold harmless without limitations all claims against personal injuries, liabilities, or cost of any damages or expenses which may arise in connection with our son's / daughter's involvement in the baseball clinic.

**\*\*SIGNATURE OF PARENT / LEGAL GUARDIAN: \_\_\_\_\_ Date:**

\_\_\_\_\_

I hereby testify as to my child's sound health of mind, body, and spirit and I authorize the Brian Rose Baseball staff to seek medical treatment at the nearest medical facility in case of an emergency. I intend this statement to take effect as a sealed instrument.

**\*\*SIGNATURE OF PARENT / LEGAL GUARDIAN: \_\_\_\_\_ Date:**

\_\_\_\_\_

I give permission for photographs, audio tape recordings and video recordings taken of my son/daughter at the baseball clinics sponsored by the Brian Rose Baseball, can be used by the Brian Rose Baseball for publicity purposes.

**\*\*SIGNATURE OF PARENT / LEGAL GUARDIAN: \_\_\_\_\_ Date:**

\_\_\_\_\_

**\*\*PHYSICAL EXAMINATIONS BY PHYSICIAN AND IMMUNIZATION RECORDS\*\***

ACCORDING TO BOARD OF HEALTH RULES, EVERY PLAYER PLANNING TO ATTEND THE BRIAN ROSE BASEBALL CLINIC MUST FURNISH THE FOLLOWING INFORMATION PRIOR TO ARRIVAL;

A PREPARED AND SIGNED DOCUMENT BY A LICENSED HEALTH CARE PROVIDER:

1. A HEALTH HISTORY
2. A REPORT OF PHYSICAL EXAMINATION CONDUCTED DURING THE PRECEDING 12 MONTHS (THIS WAS DONE FOR THE SCHOOL)
3. IMMUNIZATION RECORD

**IF THESE RECORDS ARE NOT ON FILE PRIOR TO THE FIRST DAY OF THE CLINIC, HE OR SHE UNFORTUNATELY WILL NOT BE ABLE TO ATTEND**