



**RBI's Blackstone Valley  
Baseball and Softball Training Center  
Northbridge**

**Camp/Clinic Registration**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell or Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Camp/Clinic Attending: \_\_\_\_\_

**CAMPER'S CURRENT HEALTH RECORD MUST ACCOMPANY  
THIS REGISTRATION**

By signing below, I understand that sports camps carry with them a level of risk of personal injury. I hereby release RBI's and its coaches and employees of liability relating to any such injuries. Also, by signing below I allow RBI's to provide necessary care in the event of personal injury.

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date