



2017 Z93-3 Hudson Valley Baseball Classic Clinic Registration



By signing this application, I release the Hudson Valley Renegades, Dutchess County Stadium Corporation, the United States Military Academy and Marist College; its agents and representatives, from any claims or responsibility for injuries suffered in the 2017 Z93.3 Hudson Valley Baseball Classic pre-game clinic. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my child's participation. I further certify that my child is in good physical condition and can participate in the 2017 Z93.3 Hudson Valley Baseball Classic pre-game clinic. I also authorize the site medical director and/or athletic trainer to provide any medical care and treatment if deemed necessary.

Please print clearly

Name of Registrant: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Age: _____

How many times have you attended the pre-game clinic? _____

Signature of Parent or Guardian: _____

Printed name of Parent or Guardian: _____

**Please fax or email completed and signed form to either:
Army Athletic Communications (845-938-1725 or Kaitlyn.Castner@usma.edu) or
Marist Sports Information Office (845-575-3580 or Cheryl.Southern@marist.edu).**