



Lobo Baseball Skills Camp



Cost: \$125 per player

Fee can be adjusted if players are missing dates in order to attend other RMHS sports camps. Please call for more info.

Please send this form and payment to:

Rocky Mountain High School

Attn. Roy Tripi

1300 W. Swallow Rd. Fort Collins, CO 80526

Must be received by May 14TH

Make checks payable to: Rocky Mountain Baseball

Player Name _____

Address _____

City _____ State _____ Zip _____

Parent Name _____

E- MAIL _____

Emergency Phone _____

School _____ Entering Grade _____

T SHIRT SIZE (circle one; Y= youth): YS YM YL S M L XL

For questions please contact Roy Tripi

970-488-7200 * rtripi@psdschools.org

Participant hereby releases and holds harmless Poudre School District and its board members, employees and agents from any and all liability, claims, causes of action, damages and demands of any kind whatsoever that Participant may have against the School District, its board members, employees and/or agents for any and all damages, including personal injury to the Participant, that may arise out of or in connection with participation in Lobo Baseball Skills Camp.

Participant agrees to indemnify, defend and hold harmless Poudre School District and its board members, employees and agents from and against any and all claims, liabilities and causes of action, including attorney fees and costs, for injury of any person caused by Participant and/or for damages to or destruction of any property caused by Participant, which may arise out of or in connection with participation in Lobo Baseball Skills Camp. Participant also agrees to indemnify, defend and hold harmless Poudre School District and its board members, employees and agents from and against any and all claims, liabilities and causes of action, including attorney fees and costs, for injury to the Participant and/or for damages to or destruction of property belonging to the Participant, which may arise out of or in connection with participation in Lobo Baseball Skills Camp.

Signature of Parent or Legal Guardian

Date

Participant's Name (print)