



# Isotopes Youth Skills Clinic presented by Chick-fil-A

Exclusively for boys and girls 5-15 years of age



**SELECT ONE OR BOTH CLINICS (\$75 PER CLINIC):**

**Saturday, May 27, 2023 from 9am – 1pm**

**Saturday, July 29, 2023 from 9am – 1pm**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Medical Concerns (i.e., previous injuries, medication, allergies, etc.) \_\_\_\_\_

PLEASE READ AND SIGN BELOW

## Isotopes Youth Skills Clinic Waiver

As a parent/guardian of \_\_\_\_\_, on behalf of the applicant, members of his/her family, his/her heirs, executors, administrators and assigns, hereby forever release, discharge, and hold harmless the Albuquerque Isotopes Baseball Club and the Colorado Rockies Baseball Club, representatives and agents for any injury, loss or damage to the applicant's person or property howsoever caused, arising out of or in conjunction with the applicant taking part in baseball schools and activities and not withstanding that the same may have been contributed to or occasioned by the negligence of the Isotopes, Rockies, representatives or agents. I am fully aware that there is risk of injury involved in participating in this type of activity.

As parent/guardian, I hereby jointly and severally, agree to indemnify the Albuquerque Isotopes, Colorado Rockies, their officers, agents and employees, against all loss or expense in connection with any claim, demand or action, brought by him/her, his/her representatives, heirs, or assigns based upon injuries or loss sustained in connection with the activities described in the above agreement. By signing this release I acknowledge that I have fully read and understood the conditions herein provided.

**I HAVE READ AND AGREE TO THE TERMS FOUND HEREIN AND ATTACH MY SIGNATURE BELOW**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

(PLEASE PRINT)

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT METHOD:

VISA

MasterCard

Discover

AMEX

Cash

Cardholder's Name (Please Print): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

V-Code: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO SUBMIT APPLICATION DURING REGULAR BUSINESS HOURS: DROP OFF AT ISOTOPES ADMINISTRATIVE OFFICES (2<sup>ND</sup> FLOOR OF STADIUM)**

**TO SUBMIT APPLICATION DURING A GAME: DROP OFF AT THE CNM GUEST SERVICES BOOTH**

**EMAIL TO: [MMONTOYA@ABQISOTOPES.COM](mailto:MMONTOYA@ABQISOTOPES.COM)**