

# ARE YOU READY TO COMPETE?

## 2014 FALL INSTRUCTIONAL LEAGUE

Four Sundays in October

Starting Oct. 5

West LA College Baseball Field

Registration fee: \$40



### Workout Times

2015 High School Players: 9 a.m. – 10 a.m.

2015 12u, 13u, 14u: 10 a.m. – 11 a.m.

2015 11u, 10u: 11 a.m. – 12 noon

Great opportunity to work with talented peers. Long toss. Skill development. Extra hitting. Supervised bullpen sessions. Running technique. Player identification.

**WILSON/DeMarini  
Demo Day  
Oct. 5**

**Wilson.**  
MORE WIN.

**DeMARINI**

Fall Instructional League Partners



## 2014 Fall Instructional League Registration

**Registration Fee: \$40** (one-time fee) *\*non-refundable*

**Checks payable to: Rockstars Baseball Club**

<b>Registration Fee: \$40</b> (one-time fee) <i>*non-refundable</i>				
<b><u>Checks payable to: Rockstars Baseball Club</u></b>				
Player's Last Name	First Name	Middle Name	Gender	Date of Birth
Address/City		Zip Code	Phone Number	
Parent or Guardian's First Name	Last Name	Home Phone	Cell Phone	
Parent or Guardian's First Name	Last Name	Home Phone	Cell Phone	
<b>Primary E-mail:</b>				
Current Grade: _____ Current School: _____				
High Schools Under Consideration: _____				
<b>Medical Consent and Waiver</b>				
<p>I understand that participation in baseball may result in injuries and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Erik Aldridge, the Los Angeles Rockstars Baseball Club, the Boys &amp; Girls Club of Venice, West LA College, and each of their officers, directors, agents, managers, coaches, volunteers, organizers, participants and persons transporting my child for any claim arising out of any injury to my child whether the result of negligence or for any other cause, except to the extent and amount covered by accident or liability insurance. In case of an emergency, during any baseball related activity, I authorize emergency medical treatment, as deemed necessary, to be rendered to the above child. I authorize any hospital and/or physician to perform emergency medical treatment for any injury resulting from a baseball related activity.</p>				
Parent Signature		Emergency # or Cell #		
Alternate Emergency Contact: Name and Phone	Family Doctor: Name and Phone		Hospital Preference	