



**DISTRICT ATTORNEY**

**TOM QUINN III**

**FREE BASKETBALL CLINIC**

**Boys and Girls Invited**

Sponsored by Bristol County District Attorney’s Office,

Fall River School Department, Fall River Boys and Girls Club &

Run by BMC Durfee High School Varsity Basketball Teams

**Saturday November 16, 2019**

Fall River Boys and Girls Club

803 Bedford Street

**Grades 2 – 4 @ 10am-11am**

**Grades 5 – 8 @ 11am-12pm**

**\*\*ONE DAY ONLY\*\***

**Registration Forms Available at:**

**Bristol County District Attorney’s Office**

888 Purchase Street, New Bedford or 218 South Main Street, Fall River

**\*\*FREE GIVE-AWAY TO ALL PLAYERS!!!\*\***

For more information, please contact Brian Rose, Program Manager for the Bristol County D.A. Office at:

508-961-1972 or [Brian.Rose@state.ma.us](mailto:Brian.Rose@state.ma.us)



District Attorney’s Office

Attn: Brian Rose

888 Purchase St, New Bedford MA 02740

 (508) 991-7641 Fax

38 Rok

\*\*\*Please check time below**:**

**November 16, 2019**

**\*\*ONE DAY ONLY\*\***

10am-12pm

Grades 2 - 4 will meet from 10-11am.

Grades 5 - 8 will meet from 11-12pm.

*\*\*Clinics will take place at the Boys and Girls Club \*\* 803 Bedford Street, Fall River*

For more information, please contact:

Brian Rose, DA Program Manager at (508) 961-1972 or

[Brian.Rose@State.ma.us](mailto:Brian.Rose@State.ma.us)

*I have read and understood all of the information presented above.*

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

*(Please print.)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_ Gender:  Male Female

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

City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Important!\*\*\***

*Please read the following carefully and sign below.*

In consideration of recreational basketball services provided by the Massachusetts District Attorney for the Bristol District, Thomas M. Quinn III, individually and/or in his official capacity, his employees or volunteers (hereinafter “provider”), I agree to hold harmless, release and/or discharge said provider from any and all injury past, present or future, any past, present or future claim, or potential claim as a result of any negligent act, willful or wanton negligent act or intentional act by any third party known or unknown, foreseen or unforeseen, anticipated or unanticipated. I further agree to indemnify said provider for any and all loss incurred by said provider as a result of any and all claims made as a result of my participation in the services made available by the provider.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPACE IS LIMITED!!!**

**Please note: Transportation to and from the clinics is not provided.**

**All parents and children are responsible for securing their own transportation to and from the clinics.**

**\*\*\*Media Release\*\*\***

I give permission for photographs, audio tape recordings and video recordings taken of my son/daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at the Free Sports Clinics sponsored by the Bristol County District Attorney’s Office, can be used by the Bristol County District Attorney for publicity purposes.

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

Signature of Parent or Guardian                                                            Date

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Num: ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alt Phone #: ( ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(*Confirmation Email & Future Event Notification)*

District Attorney Tom quinn’s

**Free Basketball Clinic for Fall River Youth**

All Registration Forms **MUST** be **MAILED, EMAILED, FAXED** or **RETURNED** to the following location: