

RSA WES HODGES PRO CONCEPTS HITTING CLINIC REGISTRATION

SATURDAY, FEBRUARY 6, 2010

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #s (home) _____ (cell) _____

Email Address: _____

Parent's Names: _____

Positions Played: _____

Last select team played for: _____

High School or Middle School Played for: _____

Ages 10-18 (1:00-4:00pm)

Each participant has a chance to win autographed items of MLB players, etc in a raffle!
Mail form and check for \$65 to RSA, c/o George E. Koontz, 9323 Standifer Gap Rd., Ooltewah,
TN 37363. Make check payable to: RSA. Bring a baseball card or baseball and Wes will sign it
for you. Directions to RSA are available at RealSportsAcademy.com. A portion of the proceeds
go to support local youth baseball associations.

RELEASE:

I DO HEREBY RELEASE Real Sports Academy, L.L.C. and its owners, agents, employees,
and/or sub-contractors and Wes Hodges from any and all liability for any claims of any nature or
kind arising out of my son's participation in the baseball clinic conducted at the Real Sports
Academy on February 6, 2010.

Signature of Parent _____

Date _____

Printed Name of Parent

**DUE TO SAFETY CONCERNS - NO ONE OTHER THAN PARTICIPANTS IN THE CLINIC
WILL BE ALLOWED TO STAY DURING THE CLINIC. SESSIONS ARE LIMITED TO
FIRST 50 REGISTRANTS.**