

Monday Night 15U-18U Girls Softball Hitting League

Are you ready for the challenge!!!

We let you hit real baseballs, have superior lighting, spacious cages, awesome hitting backgrounds and a professional venue



Where: Baseball City - Hartford, CT.

When: Monday Nights – 7:30pm and 8:15pm
 Regular Season starts: Nov. 5th and ends Dec. 17th - 2007
 Playoffs: Dates & Times TBA at end of season

Format: 2-girl Teams / 8 Teams in the League / Round Robin Regular Season Schedule for a total of 7 games, ties will be broken by head to head results first then most points scored in the season second.

Playoffs: Top 4 Teams in the League make the Playoffs
 Semifinals - 1vs4 & 2vs3 / Final - Winner of Semifinal 1 vs. Winner of Semifinal 2

Game: Each Game will be 8 innings - a half inning consists of 10 Swings from 1 player - Example:
 Player 1 from Team 1 will hit in the top of the 1st, 3rd, 5th & 7th innings for a Total of 40 Swings
 Player 2 from Team 1 will hit in the top of the 2nd, 4th, 6th & 8th innings for a Total of 40 Swings
 Player 1 from Team 2 will hit in the bottom of the 1st, 3rd, 5th & 7th innings for a Total of 40 Swings
 Player 2 from Team 2 will hit in the bottom of the 2nd, 4th, 6th & 8th innings for a Total of 40 Swings

The Team with the most points at the end of 8 innings (80 Swings per Team) will be the winner.
 If Tied after 8 Innings - Sudden Death 1 inning Playoff (10 Swings Total - 5 Swings from each Player) to determine the winner / 1 inning Playoff continues until a winner is determined.

Points will be determined by targets - ranging from 0 points to 5 points for each swing.

Awards: Winners of the League will receive trophies
 MVP of the League will receive a trophy - MVP of the League will be the Player with the most points.

Cost: MEMBER COST \$85 NONMEMBER COST \$99 per player

NAME	HOME ADDRESS/ZIP	HOME PHONE
MOTHER'S NAME/WORK PHONE	FATHER'S NAME/WORK PHONE	E-MAIL
SCHOOL	DATE OF BIRTH	LEAGUE PLAYING 2007
EMERGENCY NAME/PHONE	RELATIONSHIP TO CHILD	PEDIATRICIAN'S NAME/PHONE
MEDICAL CONDITIONS (ASTHMA, ALLERGIES, BEE STINGS, MEDICATION, OTHER)	DENTIST'S NAME/PHONE	

Release: I, the parent of the above named child, hereby give my approval to participate in any and all Baseball City activities. I know that participation in sports may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, indemnify, and agree to hold harmless Baseball City, the organizers, the supervisors and any participants 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 in the amount covered by accident or liability insurance.

X _____
 Parent or Guardian's Signature Date

Medical Treatment: I, the parent of the above named child, hereby give consent for the emergency medical care prescribed by a duly licensed physician, dentist, or emergency medical technician. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

X _____
 Parent or Guardian's Signature Date

BASEBALL CITY
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