



**BASEBALL CITY PRESENTS:
2009 INDOOR "BEAT THE HEAT" CLINICS**

**AGES 7 to 14
MONDAY-THURSDAY
9:00 AM to 12:00 PM***

BASEBALL CITY INDOOR "BEAT THE HEAT" CLINICS are designed for young future baseball and softball players. While it is hot and humid outside, kids can "beat the heat" and enjoy the benefits of top notch baseball and softball instruction, as well as participation in various skill games inside our air conditioned training facility. Space is limited so sign up today and help your children to "beat the heat" this summer!

SESSIONS:

- #1. June 29 thru July 2**
- #2. July 6 thru July 9**
- #3. July 20 thru July 23**
- #4. July 27 thru July 30**

LOCATION:

**Baseball City
216 Murphy Road
Hartford, CT 06114**

PRICING: (each session)

**\$150.00 for non-members of Baseball City
\$125.00 for members of Baseball City**

Early Bird Drop-Off is available for each session. Children can be dropped off by 8:00 AM at Baseball City each day of the clinic for an additional \$35.00

REGISTRATION FORM
2009 INDOOR "BEAT THE HEAT" CLINICS

CHILD'S NAME _____ AGE _____

PARENT'S NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____

CELL PHONE () _____

EMAIL _____

SESSION # _____

EARLY BIRD DROP-OFF (*please circle one*) YES NO

CHILD'S T-SHIRT SIZE _____

PAYMENT:

CASH _____

CHECK _____

CREDIT _____ EXP DATE _____

PLEASE MAKE ALL CHECKS PAYABLE TO BASEBALL CITY OR REGISTER ON-LINE AT:
WWW.BASEBALLCITYCT.COM

BASEBALL CITY, LLC
ACCIDENT WAIVER AND RELEASE OF LIABILITY FOR MINORS

The undersigned parent/natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify the Baseball City LLC and their respective members, directors, officers, trustees, employees, volunteers, advisors, representatives, independent contractors, agents, assigns, and the property on which the clinic is located from liability, loss, cost, claim or damage of whatever kind and nature which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Child's Name and Age

Signature of Parent/Legal Guardian Print Parent/Legal Guardian's Name

By enrolling the above camper in the Baseball City Indoor "Beat the Heat" Clinic, I ensure that such individual is physically and mentally able to participate in all of the Clinic's activities and has been examined by a licensed medical physician within one (1) year prior to attending the Clinic. I understand that Baseball City LLC., their shareholders, members, directors, officers, trustees, employees, volunteers, advisors, representatives, independent contractors, agents, assigns, and the property on which the Clinic is located cannot be held responsible in whole or in part for any accidents, illness or injuries resulting in medical or dental expenses incurred from participation in any of Baseball City's programs or activities.

I hereby release each of the above named parties from and against any and all claims, costs, liabilities and injuries incurred while at the Clinic, or while participating in any activities of or related to the Clinic. I agree to assume full and complete responsibility for any and all medical bills arising from my child's participation in the activities of the Baseball City 2009 Indoor "Beat the Heat" Clinic, and hereby agree to indemnify and hold the aforementioned parties harmless from any and all liability associated with the my child's participation at the Clinic or at Baseball City functions, including all costs and fees incurred by the aforementioned parties.

By signing this Wavier and Release agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS, INCLUDING THE PERMISSION TO TREAT AGREEMENT AND OTHER RELATED DOCUMENTS PRESENTED TO ME BY BASEBALL CITY PRIOR TO ENGAGING IN ANY ACTIVITIES AT THE CLINIC. I further state that I have executed this waiver and release voluntarily and with full knowledge of its significance to be binding on me, my heirs, executors, administrators and assigns.

I hereby accept the terms above stated:

Signature of Parent/Guardian

Relationship to Child

Date

Emergency Contact and Medical Information for a Child

<hr/> Child's Name	<hr/> Date of Birth		M	F
			Sex	
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name			
()	()	()	()	
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone	
<hr/> Address	<hr/> Address			
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code			

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
()	()
<hr/> Home Phone	<hr/> Work Phone
<hr/> Home Phone	<hr/> Work Phone
<hr/> Address	<hr/> Address
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

<hr/> Physician's Name	<hr/> Phone Number
<hr/> Insurance Company	<hr/> Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> Parent's/Guardian's Signature	<hr/> Date
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I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

<hr/> Parent's/Guardian's Signature	<hr/> Date
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<hr/> Witness Signature	<hr/> Date
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Consent for Medical and/or Emergency Treatment**

I, _____, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my

(relationship)

(hereafter "dependent") – Full Name

I further give my consent to

Baseball City, LLC, (hereafter "caregiver")

who will be caring for my dependent for the period _____ through _____, to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured or ill while under the care of the caregiver, I hereby give permission to the caregiver to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

_____	_____
Signature of Legal Guardian	Date
_____	_____
Witness	Dentist
_____	_____
Name	Address
_____	_____
Address	Phone
_____	_____
Phone	Name of dependent
_____	_____
Health Insurance Carrier	Allergies
_____	_____
Health Insurance Policy # and Group #	_____
_____	_____
Personal Care Physician	Date of last tetanus booster
_____	_____
Address	Medications dependent is taking
_____	_____
Phone	_____