



## **BASEBALL CITY PRESENTS: 2009 OUTDOOR SUMMER BASEBALL CLINICS**

**AGES 7 to 14**

**BASEBALL CITY OUTDOOR SUMMER CLINICS** are designed for players wanting to play baseball all day long and develop their overall skills. Each clinic session will run Monday through Thursday and are designed to address all facets of the game of baseball, while providing a safe and fun learning environment.

**All players are guaranteed to receive:**

- A baseball skill development curriculum designed by professional player and manager/Baseball City owner Bill Masse, and directed by former Boston Red Sox player Bryan Barnowski
- The opportunity to learn from instructors with professional and collegiate coaching backgrounds
- A high staff to student ratio
- Numerous repetitions
- Offensive / defensive skill games and scrimmages
- An official Baseball City Summer Clinic T-Shirt
- A complimentary hitting pass at Baseball City good for the week they are enrolled in the clinic
- and much, much more

### **DAILY CLINIC SCHEDULE:**

**9:00—9:15: Arrival / Attendance**

**9:15—9:30: Stretching / Agility Drills**

**9:30—11:00: Skill Station Rotations (hitting, throwing, pitching, fielding, and conditioning)**

**11:00—12:15: Scrimmages / Games**

**12:15—12:45: Lunch**

**12:50—1:10: Baseball Chalk Talk / Recap of Day**

**1:15: Parent Pick-up for Half Day Participants**

**1:30—3:15: Skill Games and Scrimmages for Full Day Participants**

**LOCATION:** East Catholic High School,  
115 New State Road, Manchester, CT

### **DATES:**

**SESSION 1- June 22-25**

**SESSION 2 - July 13-16**

**SESSION 3 - August 3-6**

### **PRICING:** (Each session runs Mon-Thurs)

**-Half Day Session (9:00am - 1:15pm) - \$185.00 non members/ \$160.00 members**

**-Full Day Session (9:00 am - 3:30pm) - \$280.00 non members/ \$245.00 members**

**Players should bring sneakers, cleats, baseball bat, baseball glove, towel, extra t-shirt, batting gloves, beverage, and a bag lunch**

*Early Bird Drop Off (8:00 AM) available for each session for an additional \$35.00*

*In the event of rain, clinics will be held at our facility: Baseball City, 216 Murphy Road, Hartford, CT 06114*

*For more information please call us at (860) 527-CITY, or visit us online at: [www.baseballcityct.com](http://www.baseballcityct.com)*

**REGISTRATION FORM**  
**2009 OUTDOOR SUMMER BASEBALL CLINICS**

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_

CELL PHONE (    ) \_\_\_\_\_

EMAIL \_\_\_\_\_

SESSION # \_\_\_\_\_

CIRCLE ONE:      HALF DAY      FULL DAY

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](http://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 Outdoor Summer 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 Outdoor Summer Baseball 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/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
<hr/> <p>( )</p>	<hr/> <p>( )</p>	<hr/> <p>( )</p>	<hr/> <p>( )</p>
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

**Alternative Emergency Contacts**

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

**Medical Information**

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Hospital/Clinic Preference

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Physician's Name	Phone Number
Insurance Company	Policy Number

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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/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
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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/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
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<hr/> <p>Witness Signature</p>	<hr/> <p>Date</p>
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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	_____