



## 2010 OUTDOOR SUMMER CAMP

The **BASEBALL CITY OUTDOOR SUMMER CAMP** is designed for players wanting to play baseball and develop their skills. Each one of our sessions is 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/Manager/Scout and Baseball City owner Bill Masse
- The opportunity to learn from instructors with Professional and Collegiate backgrounds
- Offensive / defensive skill games and scrimmages
- An official Baseball City Summer Camp T-Shirt
- A complimentary hitting pass at Baseball City good for the week of the camp
- Tons of repetitions, drills, competitions and scrimmages!

**DAILY CLINIC SCHEDULE:**

- Arrival / Attendance
- Warm Ups / Stretching
- Base Running
- Stations
  - Hitting
  - Infield
  - Outfield
  - Pitching / Throwing
- Water Break
- Games
- Breakdown of the Day

**LOCATION:** East Catholic High School  
Softball Field

**DATES/TIMES:** June 28<sup>th</sup>-July 1<sup>st</sup>  
Monday – Thursday  
9:00 AM – 12:00 PM

**AGES:** 6-13  
Players will be grouped by age

**PRICING:**

Player (non-member): \$120  
Player (member): \$100

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

*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  
2010 BASEBALL CITY  
OUTDOOR SUMMER BASEBALL CAMP**



PLAYER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

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

EMAIL \_\_\_\_\_

HOME PHONE (     ) \_\_\_\_\_

CELL PHONE (     ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

CHILD'S T-SHIRT SIZE (circle one):    YM    YL    YXL    AS    AM    AL

PAYMENT (check one):             Non-Member - \$120             Member - \$100

CASH

CHECK

CREDIT \_\_\_\_\_ EXP DATE \_\_\_\_ / \_\_\_\_ SECURITY# \_\_\_\_\_

**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 Player's Name

\_\_\_\_\_  
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 2010 Outdoor Summer Baseball Clinic, or any similar camp run by Baseball City staff, 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 Player

\_\_\_\_\_  
Date