

BASEBALL *City*

Beat the Heat

2010 INDOOR SUMMER CAMP

AGES 6 to 13

Monday-Thursday

9am-12pm

(See session dates below)

The BASEBALL CITY INDOOR “BEAT THE HEAT” CAMP is designed to allow young baseball players to work on their skills throughout the summer without having to deal with the hot and humid days outside. Players will go through rotations covering all aspects of the game in Baseball City’s air-conditioned facility, while getting many repetitions. Baseball City’s instructors follow a Professional curriculum, so you can be assured your young player is learning important fundamentals the right way.

Don’t leave your child out in the sun all day! Space is limited so register your son today to help them “Beat the Heat!”

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 “Beat the Heat” Camp T-Shirt

**SESSIONS: Monday-Thursday
 9am-12pm**

#1.....July 12 - July 15

#2.....July 19 - July 22

#3.....August 2 – August 5

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

PRICE:

Non-Member: \$120

Member: \$100



**REGISTRATION FORM
2010 BASEBALL CITY
"BEAT THE HEAT"
INDOOR 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

SESSION (circle one): #1 #2 #3

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**

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.

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