



Baseball City Training Center
216 Murphy Road Hartford, CT
www.baseballcityct.com
(860) 527-2489

ROOKIE CLINIC

The Rookie Clinic is a 4 week program designed to introduce new players to the game of baseball as well as to provide these young players with the basic fundamentals needed to be successful. Each week players will take part in specific skill sessions covering various baseball fundamentals. There will be t-ball games, wiffle ball games and fun for everyone to conclude the sessions. This program fills up fast so don't miss out on getting your junior slugger playing the right way!!!

Baseball City has bats and helmets to use, but it is recommended to bring your own baseball equipment: fielding gloves, batting gloves, turf shoes or sneakers (no cleats) and proper clothing.

Baseball City is the only place you'll need to go to satisfy all your baseball needs. We have year-round hitting in spacious cages, pitching and fielding in a professional facility, year-round professional instruction by Bill Masse and his Professional Teaching Staff and a fully stocked pro-shop for all your equipment needs. See why everyone is saying that Baseball City takes baseball training to a higher level!!!!

CLINIC 4 (4 SESSIONS)

12 Player Max	Dates	Time	Ages	Member	Non- Member
Mondays	Feb 1 st , 8 th , 22 nd , Mar 1 st	4-5pm	4-6	\$60	\$80

****NO SESSION DURING FEBRUARY VACATION****

NO REFUNDS – WE ONLY TAKE A MAXIMUM NUMBER OF KIDS, THEREFORE, THERE ARE KIDS WHO ARE TURNED AWAY. ONCE YOU RESERVE YOUR SPOT IN THE CLINIC, THERE WILL BE NO REFUNDS GIVEN.

Please cut and mail registration to address below

CHILD'S NAME _____ Birth Date ____/____/____ PARENT'S NAME _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____ AGE _____

HOME PHONE () _____ CELL () _____ EMAIL _____

MEMBER ____ NON-MEMBER ____ \$ _____ AMOUNT ENCLOSED

ROOKIE CLINIC 4

MASTER CARD/VISA #: _____ EXP. DATE: _____ CHECK #: _____ CASH: _____

I/We hereby authorize Baseball City, LLC. to act in my/our behalf in obtaining appropriate emergency medical treatment for my son/daughter if I/we am/are unavailable to do so myself. In addition my son/daughter realizes sports are competitive and that injuries are part of the game. I/we assume all risks and hazards associated with this participation. I/we do hereby waive, release, absolve and agree to hold harmless Baseball City owners, staff and instructors for any claim arising out of injury to my son/daughter.

Parent Signature _____

Date _____

Child Signature _____

Date _____

CHECKS PAYABLE TO BASEBALL CITY

216 MURPHY ROAD, HARTFORD, CT 06114

www.baseballcityct.com

860/527-CITY