



**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 3 (4 SESSIONS)

12 Player Max	Dates	Time	Ages	Member	Non- Member
Tuesdays	Jan 31 <sup>st</sup> , Feb 7 <sup>th</sup> , 14 <sup>th</sup> , 28 <sup>th</sup>	4-5pm	4-6	\$60	\$80

\*\*no session during February Vacation\*\*

## CLINIC 4 (4 SESSIONS)

Tuesdays	Mar 6 <sup>th</sup> , 13 <sup>th</sup> , 20 <sup>th</sup> , 27 <sup>th</sup>	4-5pm	4-6	\$60	\$80
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**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.

[REGISTER ONLINE!](#)

PLAYER'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ AGE \_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MEMBER \_\_\_\_ NON-MEMBER \_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

**ROOKIE CLINIC**    **3**    or    **4**    (circle one)

VISA/MASTER CARD #: \_\_\_\_\_ 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