



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

# WINTER ROOKIE LEAGUE

The Head Start Program 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, whiffle 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 (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, pitching and fielding in a professional facility, year-round professional instruction formulated by Bill Masse and his Professional curriculum and a fully stocked pro-shop for all your equipment needs. See why everyone is saying that Baseball City takes baseball training to a whole other level!!!!

## SESSION 1 (4 SESSIONS)

12 Children Max	Dates	Time	Ages	Member	Non- Member
Mondays	Oct. 29, Nov. 5,12,19	12:30- 1:30pm	4-6	\$60	\$80
Thursdays	Nov. 1,8,15,20	12:30- 1:30pm	4-6	\$60	\$80

## SESSION 2 (4 SESSIONS)

12 Player Max	Dates	Time	Ages	Member	Non- Member
Mondays	Nov. 26, Dec. 3,10,17	12:30- 1:30pm	4-6	\$60	\$80
Thursdays	Nov. 29, Dec. 6,13,20	12:30- 1:30pm	4-6	\$60	\$80

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 Please cut and mail registration to address below

CHILD'S NAME \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ PARENTS NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ AGE \_\_\_\_\_  
 HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_  
 MEMBER \_\_\_\_ NON-MEMBER \_\_\_\_ \$ \_\_\_\_\_ AMOUNT ENCLOSED \_\_\_\_\_ T-SHIRT SIZE S M L XL XXL  
 Payment: CREDIT 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 \_\_\_\_\_ Child Signature \_\_\_\_\_ Date \_\_\_\_\_  
**CHECKS PAYABLE TO BASEBALL CITY - 216 MURPHY ROAD, HARTFORD, CT 06114 [WWW.BASEBALLCITYCT.COM](http://WWW.BASEBALLCITYCT.COM) 860/527-CITY**