

CONNECTICUT CAPITALS

2012 Tryout Registration Form

15U-18U TRYOUT DATES @ BASEBALL CITY		
Friday	February 17	6:00pm - 8:00pm
Saturday	February 18	4:00pm - 6:00pm
Sunday	February 19	4:00pm - 6:00pm

Tryouts are for 3 days inclusive – 6 hours of tryout time. If you cannot attend all 3 days, please contact Baseball City

Age of Player on April 30, 2012 determines playing age for the 2012 Spring/Summer Season

Tryout Fee: \$50.00 – Current Capitals Players

\$75.00 – New Capitals Prospects

Player Name _____

Age _____ Birth Date ____/____/____ Team _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address(s) _____

E-mail Address(s) _____

Height _____ Weight _____ Throws: R L Bats: R L SWITCH

Preferred Fielding Positions (1) _____ (2) _____ (3) _____

Parents Name _____ Cell Phone _____

Parents Name _____ Cell Phone _____

PAYMENT: \$50 – Current Capitals \$75 –New Capitals Prospect CHECK #: _____ CASH: _____

VISA/MC/DISCOVER #: _____ EXP. DATE: ____/____/____ SEC CODE: _____

Liability Release Form

Player Name _____

This form must be signed and read before the participant takes part in any clinics, try-outs, testing, training, or competition. By signing this form, the participant/parent/guardian affirms having read it and acknowledges agreeing with its contents. On my own behalf and on the behalf of my heirs, successors and assigns, I hereby forever release and discharge and agree to indemnify and hold harmless the CONNECTICUT Capitals Baseball Team ("CT Capitals"), owners, coaches, operators and all facilities and their owners, where Capitals teams conduct tryouts, clinics, practices or games, and their respective affiliates, and all the representatives (collectively the "released parties") from any and all liabilities, claims, costs, demands or causes of action, whether known or unknown ("claims") that I may now or hereafter have for injuries or damages arising out of my participation in "CT Capitals", and any "CT Capitals " related activity including without limitation clinics, try-outs, practices, games, team parties, events and training sessions. I understand and acknowledge that dangers of personal injury are inherent in participating in baseball clinics, try-outs, practices, games or training sessions, and I expressly and voluntarily assume all risk of death or personal injury sustained in the clinics, try-outs, games and training sessions, including but not limited to the risks incurred in all these activities and those arising from hidden, latent or obvious defects in any facilities or equipment used. I acknowledge the possibility that my successors or I may not fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. This release is intended to be binding on my heirs and assigns. This release is being signed in consideration of the opportunity to tryout and/or play for the CT Capitals team. It is an agreement made under seal and is governed by Connecticut law.

Parent/Guardian Signature _____ **Date** ____/____/____

CONNECTICUT CAPITALS Contacts:

Bill Perry - GM fridge@baseballcityct.com

Baseball City 216 Murphy Road, Hartford, CT 06114 (ph) 860-527-2489 (fax) 860-527-0003

Team website: www.ctcapitalsbaseball.com Facility website: www.baseballcityct.com