

CONNECTICUT CAPITALS

2010 Tryout Registration Form – 10U, 11U & 12U Capitals Player Tryout
www.ctcapitalsbaseball.com www.baseballcityct.com

Tryouts dates:

10U, 11U & 12U November 14, 15, 21, 22 Time: 10am–12pm @ Baseball City

**(Tryouts are for all 4 days inclusive – 8 hours of tryout time)
(If you can not attend all 4 tryout days, please contact Baseball City)**

Tryout Fee: \$50.00 – Current Capitals Players
\$100.00 – New Capitals Prospects

Player Name _____

Age _____ Birth Date ____/____/____ Trying out for: _____

Age of Player on day of May 1, 2010 determines playing age for the 2010 spring/summer season

Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Height _____ Weight _____

Throws RIGHT LEFT Bats RIGHT LEFT SWITCH

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

Parents Name _____

Parent Cell Phone(s) _____

Additional E-Mail Address(es) _____

Additional Comments _____

Payment: CASH CHECK CREDIT CARD

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: Brady Stouffer – GM / John Daley - BM @ Baseball City 860 527-CITY

Team website: www.ctcapitalsbaseball.com Facility website: www.baseballcityct.com
Email: info@ctcapitalsbaseball.com Email: info@baseballcityct.com