

# CONNECTICUT CAPITALS

2010 Tryout Registration Form – 10U, 11U & 12U Capitals Player Tryout  
[www.ctcapitalsbaseball.com](http://www.ctcapitalsbaseball.com) [www.baseballcityct.com](http://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](http://www.ctcapitalsbaseball.com) Facility website: [www.baseballcityct.com](http://www.baseballcityct.com)  
Email: [info@ctcapitalsbaseball.com](mailto:info@ctcapitalsbaseball.com) Email: [info@baseballcityct.com](mailto:info@baseballcityct.com)