



# 2012 Tryout Registration Form

9U- TRYOUT DATES @ BASEBALL CITY		
Friday	January 27 <sup>th</sup>	6:00pm-8:00pm

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

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 \_\_\_\_\_

## 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](mailto:fridge@baseballcityct.com)

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