



# CONNECTICUT CAPITALS



## FALL 2010 CONNECTICUT CAPITALS TRAVEL BASEBALL

### The Connecticut Capitals Fall Baseball Program offers:

- 10U-18U Select Travel Teams
- Local and Regional 20+ Weekend Game schedule
  - League Schedule and Fall Tournament
- Player Development Program designed by Bill Masse  
(Current ML Scout for Seattle Mariners)
- Experienced coaches with advanced baseball knowledge
  - Professional Instruction & Curriculum
- Use of Baseball City training facility during Fall season
  - And much, much more...

The Connecticut Capitals Fall Season will begin with practices around the last week of August. Games will begin Labor Day Weekend and end the second to last weekend of October. Weekend game schedule will include three games (one single game and one double header over the course of the weekend). Each fall team will participate in one tournament.

**Fall Program Cost = \$600**

**REGISTER ONLINE!**

**Age is determined by player's age before May 1<sup>st</sup> \***

*\*The age group that players should register for should be the age group they will be playing for in the Spring. For instance, if they just finished playing on a 14U team this summer, they should register for the 15U team this fall.*

**Current Connecticut Capitals players have until August 10<sup>th</sup>, 2010 to secure their spot on the team with a completed registration form and full payment. After August 10<sup>th</sup>, 2010, team registrations will be taken on a first come basis, depending on available roster spots. Registration will be closed after August 25<sup>th</sup>.**

*Please cut and mail registration to address below*

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PLAYERS'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TEAM\* \_\_\_\_\_ **FALL CAPITALS**

PARENT'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

MASTER CARD/VISA #: \_\_\_\_\_ 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