



Team Connecticut Baseball
Team Connecticut Blue Jays
Fall Team
Registration Form

Name		E-mail Address	
Address			
City		State	Zip
Telephone ()			
Date of Birth	Social Security #	Height	Weight
School			Grade
Insurance Coverage		Insurance No.	
Doctor		Doctor's Telephone	
Parent/Guardian		Parent/Guardian	
Address		Address	
City	State/Zip	City	State/Zip
Telephone Home: ()		Telephone Home: ()	
Work: ()		Work: ()	
Occupation		Occupation	

ORGANIZED BASEBALL HISTORY

Primary Position:	Secondary Position:	Bats: R L S	Throws: R L
High School Coach:	Team:	Phone:	

List the organized baseball leagues you have been associated with, including team name, coaches and position(s).

I/We, the parent(s)/guardian of the above named candidate, give my/our approval to participate in the Connecticut Baseball Academy Program. I/We assume all risks and hazards incidental to such participation including transportation; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Organizers, Coaches, Sponsors, and Adult Supervisors, for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date

Please Complete Registration Form and mail with a \$200.00 Non Refundable Deposit to:

Team Connecticut Baseball

525 Burnside Avenue
East Hartford, CT 06108

(860) 282-0755

www.ctbaseballacademy.com