



Team Connecticut Baseball  
10/u, 11/u, 12/u Pre-Season Camp  
Registration Form

**Please fill in all information completely**

Name		Players E-mail Address	
Address			
City		State	Zip
Telephone ( )			
Date of Birth	Social Security #	Height	Weight
School		Graduation Year	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: ( )	
Cell: ( )		Cell: ( )	
Parent Email Address		Parent Email Address	
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 \$150.00 Registration/Camp Fee to:

**Team Connecticut Baseball**  
525 Burnside Avenue  
East Hartford, CT 06108  
(860) 282-0755  
  
www.teamconnecticutbaseball.com