Connecticut Baseball Academy Registration Form

Name		E-Mail address	
Address			
City		State	Zip
Telephone ( )			
Date of Birth	Social Security #	Height	Weight
School			Grad. Year
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

BASEBALL INFORMATION

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

I/We, the parent(s)/guardian of the above named candidate, give my/our approval to participate in the Team Connecticut Blue Jays Baseball 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	Parent/Guardian Signature
Date	Date

Event Registration - Please List Clinic Number, Description, and Price

Clinic #	Description	Price	
		Total Price	$.

Please Complete Registration Form and mail with full payment to:

Connecticut Baseball Academy

525 Burnside Avenue
East Hartford, CT 06108
(860) 282-0755
www.ctbaseballacademy.com