



www.ctbombers.org

302 Lebanon Road, North Franklin CT 06254

CT Bombers 2019 Fall Softball League Application

The CT Bombers Softball Association will sponsor their twenty-first annual fall instructional clinic and softball league this year for both grades 5-8 (Junior Division, Saturdays only) and grades 9-12 (Senior Division, Sundays only). The per player fee is \$90.00

The events will be held at Giddings Park on Rte. 207 (185 Pond Road) in Franklin CT beginning on Sept. 7th 2018 and continuing through Oct. 27, 2019.

Instructional clinics will be held on the first weekend, conducted by The CT Bombers traveling coaching staff.

Players will be assigned to teams following the clinics, with games beginning the following weekend at 9:30 A.M. Each team will play double headers each weekend, each game will be played with a 1-1/2 hour time limit. There will be no make-ups for games canceled due to weather.

The emphasis of the experience will be on enhancing existing and developing new skills. Maximizing playing time for each player is also of paramount importance.

Applications will be accepted on an individual basis only. Please complete and return the application below as well as the Health Form attached. Make checks payable to C.B.S.A. Inc. and mail to:

C.B.S.A. Inc.
C/o Yvonne Hiscox
302 Lebanon Road
N. Franklin CT 06254

For more information, please contact, Rich Hiscox 860/642-6076, Jim Arico 860/885-9587, Scott McCall 860/617-1026, Jamie Smart 860/319-6274

Name: _____ **Grade:** _____ **Age:** _____ **D.O.B.** _____

Address: _____ **Phone #:** _____

E-Mail (parent only) _____

Desired positions: 1, _____ 2, _____ 3, _____



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CT Bombers Fall Softball Health Form

Please print!

Players Name: _____

Grade: _____, Age: _____, D.O.B.: _____

Parent / Guardian name: _____

Address: _____

Home Tel. #: _____ Cell #: _____

Parent's E-Mail address: _____

Players Physician: _____ Tel #: _____

Medical Insurance (name): _____

Policy number (etc.): _____

Any known allergies: _____

Any current medications: _____

Known medical conditions: _____

I understand that protective equipment does not prevent all injuries to ballplayers and participating in softball may result in serious injuries to my child. In case of an emergency and the ballplayers Physician can't be reached I hereby authorize (players name) _____ to be treated by another physician who is available. In addition I grant permission for my child to receive emergency medical treatment whenever necessary while attending any activity of the CT Bombers Softball Association.

Parent / Guardian Signature: _____