



ITZ Sports, Inc. 390 Airport Road Fall River, MA 02720

(T) 508-677-3200 (F) 508-677-3201 www.itzbaseball.org

2010 IN THE ZONE FALL BALL REGISTRATION

Player Name: _____ Date: _____

Age Group (Circle One): *Age as of April 30, 2011* 13U 14U 15U 16U 18U

Parent / Guardian Information

Father: _____ Home Phone: _____ Cell Phone: _____ Email: _____

Mother: _____ Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Player Information

Date of Birth: _____ School: _____ Grade: _____

Throws (Circle One): Right Left Bats (Circle One): Right Left Both

Position Played (Circle One): P C 1B 2B 3B SS OF

Position Preference: #1 _____ #2 _____ #3 _____

**PLEASE INDICATE
SIZE PREFERENCE
FOR ADULT SHIRT**

XXL XL L M S

In consideration of my child's participation in the activities of ITZ Sports, Inc., I hereby declare him/her medically able to participate in the activities of ITZ Sports, Inc. I understand that there are risks and agree to familiarize myself with all equipment, facilities, rules and physical demands related to the activities of the program. On behalf of myself, my heirs, executors and administrators, I agree to release and discharge ITZ Sports, Inc., its officers, managers, coaches and sponsors of, and from any and all liability for injury to my child or guardian resulting from, or in any way connected with his or her participation in any of the activities of ITZ Sports, Inc.

Parent / Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

Team Assignment: _____ Paid Cash _____ Check # _____ Mc/Visa Approval _____