



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

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

2011 ITZ LIGHTNING TRYOUT REGISTRATION

Player Name: _____ **Date:** _____

Age Group (Circle One): **14U** **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 list past team playing experience (include team name, level, years of playing):

Positions you have played and years of experience at each:

Please list all activities (school, clubs, and other sports) in which you are involved:

Will any of these activities conflict with ball? If yes, when and what will be your priority?

What days(s) of the week will you be available for practice?

Health Restrictions (Circle One)? Yes No If yes, please explain below:

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: _____