



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

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

## 2012 ITZ THUNDER TRYOUT REGISTRATION

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age Group (Age as of April 30, 2012)      10U      12U      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 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: \_\_\_\_\_