



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

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

# MEMBERSHIP APPLICATION

Member Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Cell #: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Sibling Name or Other Family Members (If Applicable) 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

IN THE ZONE BASEBALL CLUB MEMBERSHIP PLANS								
1 Month			3 Month			6 Month		
<input type="checkbox"/>	Individual	\$99	<input type="checkbox"/>	Individual	\$249	<input type="checkbox"/>	Individual	\$379
<input type="checkbox"/>	Sibling	\$179	<input type="checkbox"/>	Sibling	\$379	<input type="checkbox"/>	Sibling	\$629
<input type="checkbox"/>	Family	\$269	<input type="checkbox"/>	Family	\$629	<input type="checkbox"/>	Family	\$799
<ul style="list-style-type: none"> <li>Members can use entire facility at no extra charge for 30 MINUTES EVERY DAY. Sibling and Family Memberships are entitled to ONE HOUR EVERY DAY.</li> <li>Members receive discounted rates on Individual &amp; Group Lessons, Camps &amp; Clinics</li> <li>Reservations must be made in advance to guarantee requested space and equipment. If you cannot make it Members MUST CALL TO CANCEL or you will be charged \$25.</li> <li>There will be a \$10 Guest Fee within Members allotted 30 minutes, or \$20 Guest fee for additional 30 minutes.</li> </ul>								
<p align="center"><b>Sibling Membership - Any two members of an immediate family</b>  <b>Family Membership - Three or more members of an immediate family</b></p>								

In consideration of my/my child's participation in the activities of ITZ Sports, Inc., I hereby declare myself/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 programs. 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 (If under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: (18 and over) \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE:</b>	
DATE: _____	AMT: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> MC/VISA Approval # _____
MEMBERSHIP START DATE: _____	MEMBERSHIP EXPIRY DATE: _____
COMMENTS: _____	