



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

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

# MEMBERSHIP APPLICATION

## "Get Locked In"

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								
3 Month			6 Month			12 Month		
<input type="checkbox"/>	Individual	\$195	<input type="checkbox"/>	Individual	\$295	<input type="checkbox"/>	Individual	\$495
<input type="checkbox"/>	Sibling	\$295	<input type="checkbox"/>	Sibling	\$495	<input type="checkbox"/>	Sibling	\$695
<input type="checkbox"/>	Family	\$395	<input type="checkbox"/>	Family	\$595	<input type="checkbox"/>	Family	\$995
<p>Our Membership Plans allow Members to use the facility during posted Members Hours at no additional cost. This applies to batting cages, bullpens and soft toss/tee stations. Reservations must be made in advance and are limited to 30 minute sessions per reservation unless reservation is for multiple Members, Sibling or Family Memberships. Members also receive discounts on rates during Non-Members hours, as well as discounts on Individual and Group Instruction, Camps and Clinics.</p>								
<p><b>Sibling Membership - Any two members of an immediate family</b>  <b>Family Membership - Three or more members of an immediate family</b></p>								
MEMBERS HOURS WILL BE POSTED ON WEBSITE AND AT CHECK IN DESK								

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: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE:**

DATE: \_\_\_\_\_ AMT: \_\_\_\_\_  Cash  Check # \_\_\_\_\_  MC/VISA Approval # \_\_\_\_\_

MEMBERSHIP START DATE: \_\_\_\_\_ MEMBERSHIP EXPIRY DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_