

# Registration Form

## *Hitting Factory 2012*

Please fill out and mail to:  
Diamond Skills Baseball  
5509 Golf Lane  
Rockville, MD 20852  
301-570-2833

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Primary Position: \_\_\_\_\_ Secondary Position \_\_\_\_\_

Throws: \_\_\_\_ Bats: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

SAT \_\_\_\_\_ ACT \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

GPA (4 point scale) \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

I authorize the Diamond Skills Baseball Staff to act for me in securing medical treatment for my child in the event of injury or sickness. My signature releases Diamond Skills Baseball from any and all liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[www.diamondskillsbaseball.com](http://www.diamondskillsbaseball.com)