



323A Fairfield Road  
 Freehold, NJ, 07728  
 Phone: 732-409-1132  
 Fax: 732-409-1179  
 www.32Count.net

## Pitching League Registration Form

Pitching League Team Name \_\_\_\_\_  
 Team Contact & Telephone Number \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ School: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

3-2 Count Athletic Training Facility is now organizing its **"Pitching League"** on our **new** Virtual Reality Projection pitching board - for all age players. Teams will be comprised of **three** players, with each team playing once a week (Fridays thru Sundays) for six weeks plus playoffs. Each player will throw 45 pitches 5 per inning. The target is randomly selected for each pitch. The visiting team will pitch their 9 inning game, and will then be followed by the home team. Speed and Accuracy are measured for each pitch and runs allowed are automatically calculated - based on ACCURACY. Pitching distance is based on USSSA rules for age group. Each player must pitch from the same distance. Speed/Accuracy Reports for team and player will be available to track pitchers progress.

Sign up now to insure your team a spot. Call 732-409-1132 or fax to: 732-409-1179  
**The cost of competing is \$180.00 per team, or \$60.00 per player.**

Limited space available and arrangements will be made on a first come / first serve basis. T-Shirt's will be awarded to the first place teams in each age division.

**\*\*Must have 3 players in attendance or the game will be considered a forfeit. \*\*No make up games  
 Exact dates and Times TBD based on the amount of teams registered**

Fridays 5:00 pm – 9:00 pm, Saturdays 9:00 am – 11:00 am, Sundays 5:00 pm – 7:00 pm

### Payment Type

Check (Amount) \_\_\_\_\_ Check #: \_\_\_\_\_  
**Make checks payable to: 3-2 Count Athletic Training Facility**  
 Cash (Amount) \_\_\_\_\_  
 Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Type of Card  Visa  MasterCard Amount to be charged: \$ \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Charge Card Authorization Signature: \_\_\_\_\_

### Parental Authorization

I hereby authorize the staff at 3-2 Count Athletic Training Facility to act in their best judgment in any emergency requiring medical attention. I agree to waive and release 3-2 Count Athletic Training Facility, its staff and landlord from all liability for any injuries, losses or damage while attending a 3-2 Count Athletic Training Facility or its premises. I further state that the participant listed above is physically able to participate in the Program.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Please  
 Parent or Guardian: \_\_\_\_\_  
Signature