



Vernon Hills Cougars Youth Athletic Association
www.vhcyaa.org

<i>For Internal Use Only</i>	
Returning	_____
New	_____

2011 Baseball Registration

9U 10U 11U 12U 13U 14U

(Circle One)

Player Information

_____ Last Name _____ First Name

_____ Address

_____ City _____ Postal Code

_____ Home Phone Number _____ Date of Birth _____ Gender

_____ Neighborhood _____ School _____ Bats (Left or Right)

_____ Age of July 31st, 2011 _____ 2011-12 Grade _____ Throws (Left or Right)

Parent #1 Player Resides With

_____ Name

_____ Email Address

_____ Cell Phone Number

Send Game/Practice Reminder Text Messages

_____ Cell Carrier (AT&T, Verizon, etc)

Parent #2 Player Resides With

_____ Name

_____ Email Address

_____ Cell Phone Number

Send Game/Practice Reminder Text Messages

_____ Cell Carrier (AT&T, Verizon, etc)

Please List Any Know Conflicts for the Season

Emergency Contact & Medical Information

Contact Name

Phone Number

Relationship

Medical Comments

Previous Sport Experience

2010 Team

Positions

Jersey #

Signature of Parent/Guardian

Date

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PAYMENT INFO

Player ID No: _____

\$10.00 TRY OUT REGISTRATION FEE

Check # _____ Cash _____

RECEIVED BY _____

DATE _____