



Vernon Hills Cougars Youth Athletic Association
www.vhycaa.org

For Internal Use Only

Returning _____

New _____

2010 Flag Football Registration

Player Information

Last Name		First Name	
Address			
City		Postal Code	
Home Phone Number	Date of Birth	Gender	
Neighborhood	School		
Age of September 1, 2010		2010-11 Grade	Weight

Parent #1	<input type="checkbox"/> Player Resides With
Name	
Email Address	
Cell Phone Number	
<input type="checkbox"/> Send Game/Practice Reminder Text Messages	
Cell Carrier (AT&T, Verizon, etc)	

Parent #2	<input type="checkbox"/> Player Resides With
Name	
Email Address	
Cell Phone Number	
<input type="checkbox"/> Send Game/Practice Reminder Text Messages	
Cell Carrier (AT&T, Verizon, etc)	

Please List Any Potential Conflicts for the Season (Mid-August through October)

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Emergency Contact & Medical Information

Contact Name	Phone Number	Relationship
Medical Comments		

Previous Sport Experience

_____	_____	_____
2009 Team	Positions	Jersey #

Uniform Size – Check One of Each (this information is used as a guide when ordering for the 2010 season)

Jersey (CHEST)	T-shirt Size
<input type="checkbox"/> YOUTH XXS (22"–24") <input type="checkbox"/> ADULT S (34"–36")	<input type="checkbox"/> YOUTH S <input type="checkbox"/> ADULT XS
<input type="checkbox"/> YOUTH XS (24"–26") <input type="checkbox"/> ADULT M (36"–38")	<input type="checkbox"/> YOUTH M <input type="checkbox"/> ADULT S
<input type="checkbox"/> YOUTH S (26"–28") <input type="checkbox"/> ADULT L (38"–40")	<input type="checkbox"/> YOUTH L <input type="checkbox"/> ADULT M
<input type="checkbox"/> YOUTH M (28"–30") <input type="checkbox"/> ADULT S (40"–42")	<input type="checkbox"/> ADULT L
<input type="checkbox"/> YOUTH L (30"–32")	<input type="checkbox"/> ADULT XL

The information I provided regarding my son/daughter is correct. The program is open to all boys and girls ages 5 to 7. No boy/girl will be allowed to participate if he/she reaches the age of 8 prior to September 1st of the current year or has progressed beyond 1st grade during the program year.

Signature of Parent/Guardian

Date

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PAYMENT INFO

\$85.00 REGISTRATION FEE

Player ID No: _____

Check # _____ Cash _____

RECEIVED BY _____

DATE _____