

BRIGHTON YOUTH BASEBALL ASSOCIATION

PLAYER TRYOUT REGISTRATION

PLEASE PRINT LEGIBLY

Player Name: _____

Address: _____ City: _____

State: _____ Zip: _____

DOB: _____

Player Age as of April 30th Next Year: _____

Trying out for: (Check one) 8 ___ 9 ___ 10 ___ 11 ___ 12 ___ 13 ___ 14 ___

Did you play BYBA competitive league last year: Y or N

If yes, who was your head coach? _____ What age level? _____

Parent 1 Name: _____

Phone: _____

Email: _____

Parent 2 Name: _____

Phone: _____

Email: _____

School Currently Attending:

High School Attendance Area:

If you plan to "opt out" of Elite Level of play, please check here.