



VHCBS Community Baseball Camp Registration

Player Information

Last Name

First Name

Address

City

Postal Code

Home Phone Number

Date of Birth

Gender

Age of July 31st, 2015

2015-16 Grade

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)

Emergency Contact & Medical Information

Contact Name

Phone Number

Relationship

Medical Comments

| Payment Information | | |
|---------------------|-----------------|--------------------------|
| _____ League _____ | _____ Fee _____ | _____ Check Number _____ |

Fees for the 2015 Community Baseball and Softball Season (Grades based on fall 2015)

Make checks payable to VHCBS

| Baseball Camp | Grade | Fee |
|---------------|--|------|
| Double A | 3 rd – 5 th Grade Thurs – Fri 9:00 AM – 10:30 AM | \$30 |
| Triple A | 6 th - 8 th Grade Thurs – Fri 10:45 – 12:45 PM | \$40 |

FOR OFFICE USE ONLY

PAYMENT INFO

_____ \$ REGISTRATION FEE

Player ID No: _____

Check # _____ Cash _____

RECEIVED BY _____

DATE _____