



Registration Form

Please fill out all fields and mail with payment to: Valley Baseball Academy, P.O. Box 720201, McAllen, TX 78504. You can also call us at 956-467-5917 or visit us online at www.valleybaseballacademy.com if you need assistance or have questions. Thank you!

Player's' Full Name _____

Age: _____ Birthdate _____

Parent's Email Address _____

Do we have permission to contact you regarding news, lessons, and upcoming events at Valley Baseball Academy? yes no

Mailing Address: _____

City: _____, Texas _____ (zip code)

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Grade: _____ School: _____

Youth Baseball Association: _____

Position: _____

Are there any medical conditions that could restrict athletic activities while participating with Valley Baseball Academy? yes no

If yes, please explain: _____

How did you hear about us? _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Participant: _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Payment Information: Please make checks or money orders payable to Valley Baseball Academy.

Waiver:

By registering to participate in lessons and training with Valley Baseball Academy, I agree to hold harmless Valley Baseball Academy and their representatives of any and all liability to me and/or my child as a result of participation. Furthermore, my child is physically fit to participate in the activities and exercises of the lesson program.

Participant Signature (if over 18): _____

Parent/Legal Guardian Signature: _____

Date: _____