



Name _____

Address _____

Phone _____

Cell _____

Any Medical injuries or allergies _____

Emergency Contact _____

Phone _____

Emergency Contact _____

Phone _____

E-mail _____

Payment Type ___ check ___ Cash CC ___

Credit Card # _____ Exp Date _____ Sec. Code _____

By signing this application you are promising to follow all VSA rules, including respecting all members, coaches, and employees.

The member is also releasing VSA and its employees from any liability for injury that could happen during a VSA event or at a VSA training facility. Baseball is a contact sport and injuries do happen. Insurance is the responsibility of the member. VSA and its employees will call for medical help when an injury happen, and will call current emergency contact #s.

VSA is a training academy, and its goal is to have a safe place to become a better player and person. Any person who interferes with this goal will be asked to leave.

All members that are eight grade or below will attend VSA before eight o'clock pm. after eight the training facility will be for high school students and adults.

Parent signature _____

Date _____

Member signature _____

Date _____