

For Staff Use Only

___ Proof of USAV Membership

___ Notarized USAV Medical Release

___ Birth Certificate

___ Waiver /Liability Form

___ Tryout Fee Paid

- Check # _____
- Cash _____
- Online _____

St. Pete Volleyball Club Player Information Sheet

Player Name: _____

Birth Date: ___/___/___ Age: _____ Grade: _____ Actual Age Division: _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Emergency Contact (Name / Relationship / Cell #) _____

Player Email Address: _____

Current School _____ Player Graduation Year _____ Handed L / R

Height: _____ Primary Position: _____ Secondary Position: _____ Years Played: _____

Previous Club Experience: _____

Mother's Information:

Father's Information:

Mother's Name: _____ Father's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Email: _____ Father's Email: _____

Include in group email lists? YES NO

Include in group email lists? YES NO

With whom does the player reside? Mother Father Both

Party Responsible for Payment? Mother Father Both