

# ATTACK VOLLEYBALL CLUB

Player Information Sheet

**\*\*PLEASE PRINT CLEARLY\*\***

**Player's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**SportsEngine**

**Email Address:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Player Cell:** \_\_\_\_\_

**Parent Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Parent Cell:** \_\_\_\_\_

**Parent Cell2:** \_\_\_\_\_

**Please write clearly. This will be our primary means of contacting you!**

Parent Email: \_\_\_\_\_

Parent Email2: \_\_\_\_\_

If your daughter played **last year**, what was her uniform number? \_\_\_\_\_

**T-shirt Size:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Right/Left Handed?:** \_\_\_\_\_

**If your child's team qualifies for the Junior National Championship in Dallas, TX (11-13s) or Las Vegas, NV (14-17s), is your child committed?**

**\*\* additional deposit & expenses will be required\*\***

**Yes**

**No**

**For Club Use**

Age Group \_\_\_\_\_

Try Out Number \_\_\_\_\_

Try Out Fee Paid \_\_\_\_\_

Check # \_\_\_\_\_

USAV Member \_\_\_\_\_

Medical Release \_\_\_\_\_

COVID Release \_\_\_\_\_