



Athlete Information

Player Name: _____

Address: _____

City & Zip: _____

Player Mobile Phone: _____ Player Email: _____

Primary Contact Mobile: _____ Email: _____

Other Contact Mobile: _____ Email: _____

Birthdate: _____ Height: _____ Dominant hand: R or L

Do you have any medical issues? Y N Allergies: Y N

If Yes, please describe: _____

School: _____ Grade: _____ Grad Year: _____

Preference for jersey number (s)? _____, _____ Shirt size: _____ Spandex size: _____

Skill Level 0-10 _____ 0=NONE Primary Position: _____ Secondary Position: _____

What club did you play for last season? _____

Did someone refer you to Gulf Coast Jrs? Y N

If so, who was it? _____

Contact Name: _____ Cell Phone: _____ Email: _____

Contact 2 Name: _____ Cell Phone: _____ Email: _____

Emergency Contact Name & Phone: _____

Are you willing to be team parent/representative?: _____

Would you or anyone you know like to be a sponsor? Y N If yes, who? _____

Please list your 2021-2022 AAU ID # below. **Enter club code: W3449E**

2021-2022 AAU #: _____ Available at ausports.org

USAV Membership is *included in club/travel season tuition*. USAV# _____

Announcements will be sent to the Primary Contact. You will be invited to accept a position from Gulf Coast Jrs via email. This is time sensitive so please accept the invitation. All USAV Academy Clinics must be completed before the team's first tournament.