

\_\_\_\_\_ Proof of Volley America or AAU Membership

\_\_\_\_\_ Notarized Medical Release Form

\_\_\_\_\_ Waiver /Liability Form

\_\_\_\_\_ Tshirt Size

\_\_\_\_\_ Registration Fee

• Check # \_\_\_\_\_

• Cash \_\_\_\_\_

## Will Power 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