

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: _____

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 Indianapolis, IN, is your child committed to going?

**** 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 _____