

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth date: _____ Age (as of Sept.1, 2019): _____

Home Phone: _____ Player Cell Phone: _____

Main Contact(s) Email Address: _____

Please check if this email is a different email than the email address provided to the OVR. _____

PARENT/GUARDIAN CONTACT INFORMATION

Name	Relationship	Cell Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____

_____ Please check if you do NOT want you information to be placed in the club directory.

EMERGENCY CONTACT INFORMATION

Name	Relationship	Home Phone	Work/Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

PLAYER INFORMATION

School: _____ Grade: _____ Graduation Year: _____ Height: _____

Jersey Size: S - M - L - XL Spandex Size: S - M - L - XL School Uniform # _____

Number: (1st Choice) _____ (2nd Choice) _____

School Volleyball Experience (Example: Years played, teams - varsity, etc.): _____

Position(s) played (setter, hitter, defensive specialist): _____

Honors: _____

Club Experience: _____

School/Club sports in which you participate: _____

Position(s) you would like to play in club: _____