

For Staff Use Only

____ Proof of USAV Membership

____ Notarized USAV Medical Release

____ Birth Certificate

____ Tryout Fee Paid

• Check # _____

• Cash _____

• Online _____

St. Pete 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: _____

With whom does the player reside? Mother Father Both

Party Responsible for Payment? Mother Father Both