

STRIKERS VOLLEYBALL

www.strikersvb.com

PLAYER INFORMATION

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

PARENT NAME _____ Work# _____

PHONE NUMBER _____

VOICE MAIL/CELL _____

OTHER EMERGENCY NUMBERS _____

EMAIL ADDRESS _____

BIRTHDATE (MO/DA/YR) _____

HIGH SCHOOL ATTENDANCE ZONE _____ GRADE ____

SCHOOL CURRENTLY ATTENDING _____

OTHER SPORT(S) PLAYING _____

VB POSITIONS PLAYED _____

UNIFORM JERSEY SIZE XS, S, M , L, XL

Important : Player acceptance to the team obligates player to full 2011-2012 season and annual fees. No refunds provided for injuries or early departure from team. Membership fees must be paid by the monthly installment date on the schedule. A \$25 late fee will be assessed for any payments over 10 days past due.

Parent Signature _____ Date _____

Office Use only

USAV Registration Date _____ Nov. Pmt _____

Registration No. _____ Dec. Pmt _____

Medical History _____ Jan. Pmt _____

Final Pmt _____