



# Player Information Form

Please have you or your player fill out the form below and bring to Tryouts. This information will be shared ONLY with the Coaches, Club Director or other adult personnel as it pertains to the club itself. At no time will your information be shared with other players or outside parties without parent and player consent.

FIRST NAME:	LAST NAME:
NICKNAME:	BIRTHDAY (MM/DD/YYYY):
CURRENT AGE:	HEIGHT (FEET & INCHES): <small>*REQUIRED FOR AAU MEMBERSHIP &amp; TOURNAMENTS*</small>
PLAYER EMAIL:	PLAYER CELL:
NUMBER OF YEARS YOU'VE PLAYED VOLLEYBALL:	NUMBER OF YEARS YOU'VE PLAYED CLUB <small>*NOT INCLUDING THE UPCOMING SEASON*</small>
CIRCLE POSITION(S) PLAYED IN THE PAST: SETTER      OUTSIDE HITTER      MIDDLE  LIBERO      DEFENSIVE SP.      RIGHT SIDE	CIRCLE POSITION(S) YOU WANT TO TRY OUT FOR: SETTER      OUTSIDE HITTER      MIDDLE  LIBERO      DEFENSIVE SP.      RIGHT SIDE
PARENT / GUARDIAN INFO #1	PARENT / GUARDIAN #2 INFO
NAME:	NAME:
RELATIONSHIP TO PLAYER:	RELATIONSHIP TO PLAYER:
CELL PHONE:	CELL PHONE:
WORK PHONE:	WORK PHONE:

EMAIL:	EMAIL:
EMERGENCY #1 (IF PARENT/GUARDIAN CAN'T BE REACHED) NAME:	EMERGENCY #2 (IF PARENT/GUARDIAN CAN'T BE REACHED) NAME:
RELATIONSHIP TO PLAYER:	RELATIONSHIP TO PLAYER:
EASIEST CONTACT PHONE NUMBER:	EASIEST CONTACT PHONE NUMBER:
MEDICAL CONDITIONS / ALLERGIES OF PLAYER:	MEDICATIONS CURRENTLY OR REGULARLY TAKEN BY PLAYER:
COMMENTS:	