

CINCINNATI VOLLEYBALL ACADEMY

2016-2017 PLAYER INFORMATION

Age (on 9/1/2016) _____

Regional _____ American _____ (10u-17u) Either _____

Would like to be evaluated for a National Team? (13u-18u) Yes _____ No _____

(players can select all three divisions if they want to be on any team)

Player Information:

Name _____

Address _____

City/State/Zip _____ Home # (_____) _____

Cell # (_____) _____ Email _____

Birth Date ___/___/___ Grade _____ Height ___'___" Position _____

Highest Level played: Var ___ JV ___ Fr ___ 7th/8th ___ Younger ___ T-shirt Size _____

School _____ Did you play for the school team this year? Yes No

Parent Information:

Mothers Name _____

Address (if different from player) _____

Home # (_____) _____ Cell # (_____) _____

Email Address _____

Fathers Name _____

Address (if different from player) _____

Home # (_____) _____ Cell # (_____) _____

Email Address _____

Medical Information/Emergency Contact:

Does the player have any medical conditions that would interfere with participation in tryouts, practices, or tournaments?

If YES explain _____

Is the player currently on medication? If YES explain _____

Emergency Contact _____ Phone # (_____) _____