

AZ EAST VALLEY JUNIORS VOLLEYBALL CLUB @ HOME COURTS Player Information Sheet

Player's Name: _____ DOB ___/___/___ Home Phone(____) ____-____
Father's Name: _____ Address: _____ City: _____ Zip: _____
Mother's Name: _____ Address: _____ City: _____ Zip: _____
Dad's Work Phone:(____) ____-____ Cell Phone:(____) ____-____ Dad's Email: _____
Mom's Work Phone:(____) ____-____ Cell Phone:(____) ____-____ Mom's Email: _____
Player's Email: _____ Age: ___ Grade: ___ High School Graduation Year: _____

Please Circle Your Age Group: 12u 13u 14u 15u 16u 17u 18u

My daughter CAN travel out of state: Yes No My daughter CAN play on Sunday (req'd for travel team): Yes No

School: _____ School Team: _____ Coach's Name: _____

Previous Club Experience: Yes No Where: _____ Years: _____

Physical Limitations/Medications used regularly: _____

In case of emergency, contact (if Dad/Mom can't be reached): Name: _____

Relationship: _____ Phone number(s):(____)____-____/ (____)____-____

I/We give our permission for _____ to participate in AZ East Valley Juniors Volleyball Club, realizing that the activity involved could create the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, the use of the most advanced protective equipment, and strict observance of the rules, injuries are still possible. I/We hereby authorize the staff to act for me/us according to their judgment in any emergency requiring medical attention and I/we hereby waive and release AZ East Valley Juniors Volleyball Club and Home Courts and its owners and staff from any and all liability stemming from any injuries or illnesses incurred while participating with the club. I/We understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity. If any injury is sustained and requires treatment or hospitalization, I/we understand that I/we or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of the injury. With full understanding of the facts, I/we state that to the best of our knowledge, my daughter listed above has no medical, physical, mental or emotional health conditions which would hinder or prevent her participation in the AZ East Valley Juniors Volleyball Club.

I/We fully accept and will abide by the rules, regulations, and the code of conduct established by USA Volleyball and AZ East Valley Juniors Volleyball Club and Home Courts.

I/We give our permission for the above information along with physical measurement statistics gathered at tryouts and throughout the club season to be released to college coaches for their use in the college recruiting process.

We acknowledge that we have read and understand all of the above.

_____/_____
Parent/Guardian Name and Signature Date Player Signature
Date

Forms Check List: USAV Membership Form / USAV Code of Conduct / Medical Release (2 pgs) / Player Info. Sheet / Club Participation Agreement / Home Courts of Tempe Membership Agreement/ Birth Certificate Copy (new club players only) / Parent Handbook

Deposit paid-Amount \$ _____ Check # _____ or cash _____ or CC Type _____/CC # _____/CC exp. _____