

**Pickerington Area Volleyball Club
2010 Player Information**

Tryout # _____

Season preferred: Winter _____ Spring _____ Both _____ Either _____
Level preferred: Regional _____ American _____ Either _____

Player Information:

Name _____

Address _____

City/State/Zip _____ Home # () _____

Cell # () _____ E-mail _____

Birth Date ____ / ____ / ____ Grade _____ Height ____' ____"

Highest Level played: Varsity _____ JV _____ Freshman _____ 7th/8th _____ Younger _____

School _____ Did you play for this school team this year ? _____

Jersey Size _____ Position(s) _____

Parent Information:

Father Name _____

Address (if different from player) _____

Phone Home # () _____ Cell # () _____

E-mail Address _____

Mother Name _____

Address (if different from player) _____

Phone Home # () _____ Cell # () _____

E-mail Address _____

Medical Information / Emergency Contact:

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

If YES explain _____

Is player currently on medication? If YES explain _____

Emergency Contact _____ phone # _____

Relationship to player _____