

HOOSIC VALLEY VOLLEYBALL CLUB

Information Sheet 2017-2018

PLAYER INFORMATION

First Name: _____ Last Name: _____

Home Phone #:(____)____ - _____ Player Cell #: (____)____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Current Grade: _____ Jersey Size: _____

Current School District: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Parent Phone #:(____)____ - _____ Parent Email: _____@_____

Parent/Guardian Name: _____

Parent Phone #:(____)____ - _____ Parent Email: _____@_____

PRIOR VOLLEYBALL EXPERIENCE

Played on scholastic volleyball team: Yes _____ No _____

If "Yes" to above, please check most recent level

_____Varsity _____ Junior Varsity _____ Modified

Position(s) played on scholastic team (list):

Due to the high cost of insurance and hospitalization, **H.V.A.A. WILL NOT CARRY ANY INSURANCE ON ANY PLAYERS.** In the event of injury, each family shall be responsible for all medical costs in their entirety. I, the undersigned and legal guardian for the child listed above, understand that I will be responsible to provide my own insurance, and cover all costs in the event my child is injured.

Signature: _____

Date: ____/____/____