

2012 STRIKERS VOLLEYBALL CLUB

Circle One: MV AH Seguin

NAME _____

ADDRESS _____

CITY _____ ZIPCODE _____

PARENT
NAME _____ Work# _____

PHONE NUMBER () _____

VOICE MAIL/CELL _____

OTHER EMERGENCY NUMBERS _____

EMAIL ADDRESS _____

BIRTHDATE (MO/DA/YR) _____

HIGH SCHOOL ATTENDANCE ZONE _____ GRADE _____

SCHOOL CURRENTLY ATTENDING _____

OTHER SPORT PLAYING _____

POSITIONS PLAYED /VB Experience _____

UNIFORM JERSEY SIZE- Adult- XS, S, M , L, XL
Youth- S, M L,

Important: Player acceptance to the team obligates player to full 2011-2012 season and annual fees. No refunds provided for injuries or early departure from team. Membership fees must be paid by the monthly installment date on the schedule. A \$25 late fee will be assessed for any payments over 10 days past due.

Parent Signature _____ Date _____

Office Use only

- | | | |
|------------------------|-----------|------------|
| 1. USVBA Reg. Online__ | Oct | Pymt _____ |
| 2. Med. History _____ | Nov./Dec. | Pymt _____ |
| | Jan. | Pymt _____ |
| | Feb. | Pymt _____ |

