

**Central Virginia Volleyball, Inc.
HOV Juniors 2008-2009**

PLAYER/PARENT INFORMATION

Player Information:

Last Name	First Name	Middle	
_____	_____	_____	
Full address			

City	State	Zip code	Home Phone
_____	_____	_____	_____
			Cell Phone

Date of Birth	Age	Age on 9/1/08	
_____	_____	_____	
Email address	School	Grade	Graduation Year
_____	_____	_____	_____

Office Use Only

New Player _____

Age Group _____

Tryout # _____

Tryout fee _____

Check # _____

Parent Information:

Father's Name	Mother's Name
_____	_____
Home Phone	Home Phone
_____	_____
Work Phone	Work Phone
_____	_____
Cell Phone	Cell Phone
_____	_____
Email Address	Email Address
_____	_____
Emergency Contact	Home Phone
_____	_____
Relationship	Cell Phone
_____	_____

Uniform Information: (*Assume Adult Sizes Only*)

T-shirt Size: _____ Jersey Size: _____

Once you have completed this page, please proceed to the following:

- Complete and sign the Player/ Parent Contracts.
- USA Membership forms on line at www.webpoint.com.
- Complete both sides of the USA Medical Release Form.
- Submit this packet of forms to Central Virginia Volleyball--HOV Juniors

We apologize for the duplication of information, but each of the forms must be distributed to different locations. Please complete all forms in full and call 941-6158 if you have any questions.

*Central Virginia Volleyball, Inc.
P.O. Box 3470
Lynchburg, VA 24503*

