

**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](http://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*

