



**CVA Pickerington
2012 Player Information**

Age (on 9/1/2012) _____ Winter_____ Spring_____ Both_____ Either_____
Regional_____ American_____ (13-18) Either_____

Would like to be evaluated for a National team (13-18) Yes____ No_____

Player Information:

Name _____
Address _____
City/State/Zip _____ Home # () _____
Cell # () _____ E-mail _____
Birth Date ____/____/____ Grade _____ Height ____' ____" Position _____
Highest Level played: Var _____ JV _____ Fr _____ 7th/8th _____ Younger _____ T-shirt Size _____
School _____ Did you play for this school team this year? Yes No

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 tryouts, practices, or tournaments?
If YES explain _____
Is player currently on medication? If YES explain _____
Emergency Contact _____ phone # _____
Relationship to player _____