



**CVA Volleymasters
2012 Player Information**

Age (on 9/1/2012) _____

Regional _____ (12-18) Please indicate for which location you wish to be considered:
Marion _____ Mt. Vernon _____ Mansfield _____

American _____ (13-17) Practices may vary between Marion, Mt. Vernon, and Mansfield

Would like to be evaluated for a National team (12-18) 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 _____