



PLAYER INFORMATION FORM

MVC Staff Use Only
PIF__ HH__
CVM RP__
NP__

Athlete's Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Age Division: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Athlete's Email: _____ include in group email list?

HS or MS Team: _____ Position(s): _____ Years: _____

Handed L / R Club Experience: Team(s) _____ Years: _____

Parent/Guardian Information

Mother/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Email: _____ include in group email list?

Father/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Email: _____ include in group email list?

With whom does the athlete reside: Mother Father Both

Responsible Party Mother Father Both

Interested in volunteer opportunities Yes Contact Info: _____

Athlete's Sizes: Jersey Number Preferences:(top three choices 1-12) _____

Socks: Kids Adults

Warm-ups:

Practice Shirt: YS YM YL Women's S M L XL

Pants: YS YM YL Women's S M L XL

Jersey: YS YM YL Women's S M L XL

Jacket: YS YM YL Women's S M L XL

Spandex: YS YM YL Women's S M L XL

This form must be filled out in its entirety and brought to tryouts along with your current CHRVA membership card, USAV medical release form, MVC waiver of liability form, player photograph, and registration fee