



NORTHERN FAUQUIER VOLLEYBALL CLUB

2019-2020 TRYOUT REGISTRATION FORM

PLAYER INFORMATION			
Name:			
Home Address:			
Cell Phone:			
Email:			
CHRVA Member #			
DOB & Grade:	AGE:	HEIGHT:	LEFT/RIGHT HANDED (Circle One)
Please indicate any previously played club/travel position(s) <input type="checkbox"/> OH <input type="checkbox"/> MB <input type="checkbox"/> OPP <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> DS Please indicate position(s) for which you are trying out <input type="checkbox"/> OH <input type="checkbox"/> MB <input type="checkbox"/> OPP <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> DS			
PARENT/GUARDIAN (1) INFO - <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____			
Name:			
Cell Phone(s):			
Email(s):			
Work Phone:			
Home Phone:			
Home Address:			
PARENT/GUARDIAN (2) INFO - <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____			
Name:			
Cell Phone(s):			
Email(s):			
Work Phone:			
Home Phone:			
Home Address:			

Staff Use Only

USAV Medical Release Form: Yes No

USAV Waiver and Release of Liability: Yes No

USAV Membership Card (one-event/annual member): Yes No