



# 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: \_\_\_\_\_

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