

2009 – 2010
REGISTRATION FORM

(Complete this form and return with all required forms at tryouts.)



Player Information:

Name: First _____ Middle _____ Last _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

School _____ Grade _____ Date of Birth _____

Volleyball Experience:

Team _____ Position _____ Coach _____

www.carolinaselectvb.org

Club Use Only

TryOut Number _____

Birth Certificate

Medical Release

Parental/Media Release

TryOut Fee

Team Offered:

Position:

Parent Information:

Father Name _____

Mother Name _____

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Emergency Phone Number _____

Emergency Phone Number _____

Insurance:

Name of Insurance Company _____ Name of Policy Holder _____

Card # _____ Policy # _____

Name of Employer _____

\$30 Processing Fee for NSF checks.