

Evergreen Juniors Volleyball Club

REGISTRATION INFORMATION 2016-2017

Player Information

Player Name _____ DOB ____/____/____ Age _____

School Attending _____ Current Grade _____

Home Address _____ City _____ Zip _____

Player Email _____ Home # _____ Player Cell # _____

Parent Information

Parent #1 Name _____ Email _____

Address _____ City _____ Zip _____

Home # _____ Cell # _____ Work # _____ Other _____

Parent #2 Name _____ Email _____

Address _____ City _____ Zip _____

Home # _____ Cell # _____ Work # _____ Other _____

Social Media

Evergreen Juniors Volleyball Club would like parents consent to post pictures on our website at www.ejvbc.org and social media outlets. Pictures/posts may include jersey numbers, first name, position, current school and high school graduating class (example: 2018 or 11th grader). Photos may be used to promote the club. **YES/NO**

Signed Parent _____

CLUB VOLUNTEER OPPORTUNITIES:

Please circle if interested: Web Maintenance Data Entry Emails

Your name _____ Phone # _____

FOR CLUB USE ONLY

Age Division: U12-U13-U14-U15-U16-U17-U18 **Returning Player: Yes / No**

Coach _____ **Jersey #** 1st _____ 2nd _____ **On-Line VB Scoring last year?** Yes/No

Down Payment: Cash \$ _____ Check # _____ \$ _____

PayPal \$ _____ Credit Card (last 4) _____ \$ _____

Automatic monthly payment available call Donna Losey with card information

Club/Player Contract	YES	NO
Conf. of USAV Reg.	YES	NO
Athletes USAV #		
Medical Waiver	YES	NO
Concussion Form	YES	NO
Uniform Sizing Complete	YES	NO
Handbook Back Page	YES	NO