Cincinnati Volleyball Academy Player Information Form 2023/2024





		al mater	Try out number - For club use only							
Age:	(as of 07/01/23)					Birthdate:				
Grade:	(enrolled for 2023/2024 School year)									
Team you would li	ike to b	e evalu	ated for	(mark al	I that app	oly):				
	National				can	Re	egiona	I		
Circle One:	9U	10U	11 U	12U	13U	14U	150	J 16U 17U	18U	
			Р	layer Ir	nformat	ion:				
Name:				-						
A .l.l										
	State:							Zip:		
	School:									
Did you play for your school in 2022/2023							No	(Circle one)		
Did you play club 2	2021/20	022			Yes		No	(Circle one)		
f yes, club name					Club	team	name	:		
			P	arent lı	nformat	tion:				
Mother's Name										
Address (if different	than pla	yer)								
Email										
Phone										
Father's Name										
Address (if different	than pla	yer)								
Email										
Phone										