

CINCINNATI VOLLEYBALL ACADEMY
2020-21 PLAYER INFORMATION

Age (on 9/1/2020) _____

Regional _____ American _____ Either _____

Would like to be evaluated for a National Team? Yes _____ No _____

(player can select all three divisions if they want to be in any team)

Player Information:

Name _____

Address _____

City/State/zip _____ Home # (_____) _____

Cell # (_____) _____ Email _____

Birth Date ___/___/___ Grade _____ Height ___' ___" Position _____

Highest level played: Var ___ JV ___ Fr ___ 7th/8th ___ Younger ___ Tshirt Size ___

School _____ Did you play for your school team this year? Yes No

Parent Information:

Mothers Name _____

Address (if different from player) _____

Home # (_____) _____ Cell # (_____) _____

Email _____

Fathers Name _____

Address (if different from player) _____

Home # (_____) _____ Cell # (_____) _____

Email _____

Medical Information/Emergency Contact:

Does the player have any medical conditions that would interfere with participation in tryouts, practice, or play?

If yes explain _____

Is the player currently on medication? If yes explain _____

Emergency Contact _____ Phone # (_____) _____