



2011-2012 Player Information Sheet

Player Name: _____ Age: ____ Grade ____

Player's Position(s): _____

Past Experience (*number of years playing*): Club ____ High School: Freshman ____ JV ____ Varsity ____

Player's Email Address (if any): _____ Home Phone: _____

Player's Cell Phone: _____ Player's Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Please list any other organized school sports programs in which you will be participating in during club volleyball season (*for example, football, Choir, Band, etc.*):

Father's Name: _____ Cell/Work Phone: _____

Mother's Name: _____ Cell/Work Phone: _____

Parent's Email Address (if any): _____

School: _____ Height: _____ Weight: _____

For Boys: Shorts: (*Please circle one*) S M L XL and Waist Size: 26 28 30 32 34 36 38

For Girls: Spandex: (*Please circle one*) Adult sizes only: XS S M L XL

T-shirt/Uniform Top Size: (*Please circle one*) Youth sizes: YM YL Adult sizes: S M L XL

Parent Permission & Medical Release

I authorize Molten Volleyball Club and those associated with the Club to administer general first aid treatment for any minor injuries that may occur during the tryout process. If the injury sustained is life threatening or in need of emergency treatment, I authorize Molten Volleyball Club or its representatives to summons any professional emergency personnel to attend, transport and treat my child. If the injury sustained requires hospitalization, I understand that I or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of the injury. By signing this medical release form, I further understand that I will not file any civil liability lawsuit against Molten Volleyball Club or its representatives as a result of any injury sustained by my child during the tryout process.

In case of an emergency, Contact: _____ Phone: _____

Signature of Parent or Guardian: _____