



Tri-State Extreme 2017-18 Player Application

PERSONAL INFORMATION

Please fill out all information

FOR ADMINISTRATIVE USE ONLY

USAV Age: _____

Fees: _____

Payments: Nov___ Dec___ Jan___

Feb___ Mar___

☐ Club app ☐ CRVA Registration

☐ Insurance card ☐ medical release

☐ Birth Cert ☐ Concussion form

Player's Full Name

Birth date

Age

Height

Street Address

City, State, Zip Code

Home Phone Number

Parent's Cell Phone Number

Player's Cell

Parents Names

Parent's Email Address

Player's Email Address

Name of School

Current Grade

Two Positions You Play or Would Like to Play (Does not guarantee this position)

HAVE YOU PLAYED VOLLEYBALL BEFORE? IF YES, WHERE AND HOW LONG?

☐ NEW TSE PLAYER

Uniform Number - List three numbers in order of preference

Check Box Where You Would Like to be placed

☐ Non-Travel / limited

☐ Travel

Do you play a winter / spring sport? ☐ Yes ☐ No If yes, what? _____

EMERGENCY CONTACT

Emergency Contact

Contact's Phone Numbers

Parents, please check ONE of the boxes below if you are interested in being your team's

☐ Team Rep

☐ Travel Coordinator

☐ Food Coordinator

☐ Fundraiser Coordinator