

Phantomz Volleyball Player Info Sheet

Player Name: _____

Primary Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Cell Phone # _____

2nd Parent Name: _____ 2nd Parent# _____

Player Cell: _____ (If want added to Group Chats)

Primary Parent E-Mail: _____

Secondary E-Mail (if any): _____

Player E-Mail (If want added) _____

Player's Age: _____ Player's Birthday WITH YEAR _____

Primary Position Played: _____ Secondary Position: _____

Current School: _____

Previous Playing Experience: (Club, Recreation)

_____ Years Played: _____

-----**Do Not Write Below this Line**-----

Give to Club Director

Player Contact Form

Med Wav

COPY-Birth Certificate

Offer (Y, N, B) Position/s: _____ / _____

Coach Notes:

Coach Check: _____ **National 18's** _____ **Regional (18-12)** _____ **Metro** _____

AGE Team: _____