

Phantomz Volleyball

Player Info Sheet

Player Name: _____

Primary Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Parent Cell Phone # _____

Primary Parent E-Mail: _____

2ⁿParent Name: _____ 2nd Parent Phone# _____

2nd Parent Email: _____

Player Cell #: _____ (IF want added to Group Chats)

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

OCS

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

Coach Notes:

Entered: Group EM _____ Club EM _____ Group Me _____ Membership _____