



WARRIORS VOLLEYBALL CLUB

REGISTRATION FORM

Players Info:

Last name _____ First _____

Age _____ DOB _____

Email _____

School Name _____

Grade _____

Team trying out for _____

Position 1 _____ Position 2 _____

Parent/guardian Info:

Last name _____ First _____

Address _____

Home phone (_____) _____

Cell phone (_____) _____

Email _____

Emergency Contact:

Name _____

Phone (_____) _____

How did you find out about WVBC? _____

I fully understand and acknowledge the terms and conditions of this registration and that the club registration fee is non- refundable.

Parent/guardian signature _____