

2019 – 2020 CLUB SEASON

HILINA'I VOLLEYBALL CLUB

PLAYER INFORMATION

TODAY'S DATE: _____

Player's Name _____ Date of Birth _____ Age _____

Home Address _____ Hm Phone _____ Cell _____

School _____ Grade _____ email address _____

Mother/Guardian:
Name: _____
Hm Ph: _____
Cell Ph: _____
Wk Ph: _____
Email: _____

Father/Guardian:
Name: _____
Hm Ph: _____
Cell Ph: _____
Wk Ph: _____
Email: _____

MEDICAL INFORMATION:

Doctor's Name _____ Phone _____ Hospital _____

Insurance Carrier _____ Group Name _____ Group Number _____

Emergency Contact #1:
Name: _____
Hm Ph: _____
Cell Ph: _____
Wk Ph: _____
Relationship: _____

Emergency Contact #2:
Name: _____
Hm Ph: _____
Cell Ph: _____
Wk Ph: _____
Relationship: _____

ADDITIONAL INFORMATION:

Volleyball experience, how long: _____

What positions have you played: _____

Last School/Club Coach you played for: _____

****IT IS YOUR RESPONSIBILITY TO INFORM THE CLUB OF ANY CHANGES IN WRITING ****