

St. Johns Junior Redwing Volleyball

Player Information Form

Participant's Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Grade: _____ Age: _____ Gender: M F

****Email:** _____

Most communication will be completed through email.

Home Phone: _____ School: _____

Mother's Name: _____ Mother's Cell: _____

Father's Name: _____ Father's Cell: _____

Medical Information

Doctor's Name: _____ Phone Number: _____

Insurance: _____ Policy Number: _____

Important (CIRCLE ONE):

Participant's shirt size Y Small (6-8) Y Medium (10-12) Y Large (14-16) A Small A Medium A Large

Coaching Information

If you are interested in coaching or assistant coaching, please provide your personal information below.

Name: _____ Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____ City: _____ Zip: _____

Prior to becoming a coach or an assistant coach, you will be required to complete the St. Johns Youth Athletic Association's **Volunteer Application** which can be found on the website: www.sjyaa.org

Important Emergency Care Permission

In case of illness or injury, contact one of the following persons if a parent is not available, in the order indicated.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Are there any medical conditions that the coach should be aware of? _____

Parent Signature: _____ **Date:** _____

For Associate Use:

Payment information: Ck # _____

Cash