

DOB: _____

Age Definition: _____

☐ Turned in completed Medical Release Form

Student Athlete Last Name _____

Student Athlete First name _____

What school does this student athlete attend? _____

Primary contact name _____

Relationship _____

Primary contact email address _____

Cell Phone number _____

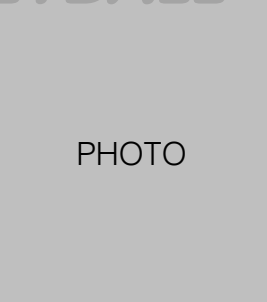
Student Athlete email _____

Student Athlete Cell # _____

USAV MEMBER NUMBER _____

Restrictions noted:
If you do not want your child to be considered for a specific team or level please note so here,

IF YOU WILL **ONLY** ACCEPT A POSITION ON A SPECIFIC TEAM PLEASE PUT THAT TEAM OR COACH NAME HERE. THIS MEANS YOU WILL DECLINE ALL OTHER OFFERS.



Office use only:
circle that which applies

Accepted assignment

Declined assignment

For Office Use ONLY

Team Selection _____

Uniform

Blue Warm Up: _____

Jersey Black: _____

Jersey Sublimated: _____

Spandex: _____

Sweat jacket: _____

☐ Check if using last seasons

Sweat pants: _____

☐ Check if using last seasons

Practice T: _____

Knee Pads: _____

Shoes: Size: _____

Back pack: _____

Received full set of uniforms: _____ Initial

For Office Use ONLY(rebels academy)

Team Selection _____

Uniform

Jersey: _____

Spandex: _____ Sweatpants: _____

Practice T: _____ Hoodie: _____