

DOB: _____

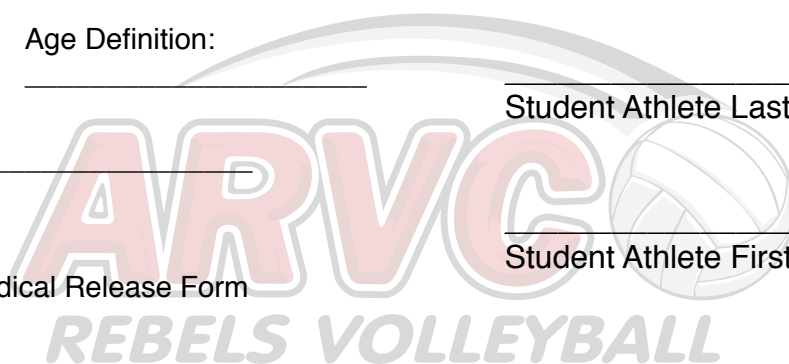
Age Definition: _____

Student Athlete Last Name _____

USAV MEMBER NUMBER _____

Student Athlete First name _____

☐ Turned in completed Medical Release Form



What School does your student athlete currently attend?

If in Middle School, what high school will you attend?

Primary Contact Name

Relationship

Student Athlete Phone Number

Primary Contact Phone Number

Student Athlete Email

Primary Contact Email

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 AND WE WILL NOT CONSIDER YOU FOR ANY OTHER TEAMS.

For Office Use ONLY

Team Selection

UNIFORM SIZING	ACADEMY TEAMS
JERSEY	
SPANDEX	
SWEAT JACKET	
SWEAT PANT	
PRACTICE T	

UNIFORM SIZING	ADIDAS TEAMS
RED JERSEY	
BLACK JERSEY	
SUBLIMATED JERSEY	
SPANDEX	
SWEAT JACKET	
SWEAT PANT	
PRACTICE T	
KNEE PADS	
SHOE SIZE	