



WARRIORS VOLLEYBALL CLUB REGISTRATION FORM

Players Info:

Last name _____ First _____

Age _____ DOB _____

Email _____

School Name _____

Grade _____

Parent/guardian Info:

Last name _____ First _____

Address _____

Home phone (_____) _____

Cell phone (_____) _____

Email _____

Emergency Contact:

Name _____

Phone (_____) _____

I fully understand the club registration fee is non- refundable.

Parent/guardian signature _____

Amount Paid Check # _____