

**Eastern Connecticut Volleyball Club
2011-2012 Registration**

NAME: _____

Email: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

SCHOOL NAME: _____

PHONE #: (_____) _____

Emergency Phone #: (_____) _____

PARENTS' NAMES: _____ (mother) _____ (father)

Parents' phone number _____ (mother) _____ (father)

Player's health insurer _____

Health Insurer's policy number _____

SCHOOL YEAR: (circle one) SR. JR. SO. FR.

AGE: _____ BIRTHDATE: ____/____/____

For registration, bring this form to the first day of tryout and a non-refundable \$50.00 fee in cash or check payable to ECVC. (The \$50 tryout fee will be credited towards the tuition cost of the club.)

If you have any questions, please call club director Javier Alvarez at 860-420-9358.

DO NOT FILL OUT BELOW THIS LINE (club use only)

TRYOUT FEE PAID: \$ 50.00

CASH:

CHECK #: