

AVC Member Information

(This information will be for our local club records and be used to distribute club information, season schedules, tournaments, events, etc....)

Family Last Name: _____

Parents/Guardians: _____

Player: _____ Age: _____ Birth date: _____

Based on birth date please check which level your child will be playing at:

- ____ 18 and under (Born on or after Sept. 1, 1993 or players who were born on or after Sept 1, 1992 AND a high school student during some part of the current academic year)
- ____ 17 and under (Born on or after Sept. 1, 1994)
- ____ 16 and under (Born on or after Sept. 1, 1995)
- ____ 15 and under (Born on or after Sept. 1, 1996)
- ____ 14 and under (Born on or after Sept. 1, 1997)
- ____ 13 and under (Born on or after Sept. 1, 1998)
- ____ 12 and under (Born on or after Sept. 1, 1999)

Regarding having photos posted on our website:

____ I **DO NOT** give permission for my daughter's photos to be posted on the Alex Volleyball club web site.

Email: _____ **WRITE LEGIBLY!**

Each family **MUST** have email access- - all communications come via email.

Please update if changing email at alexandriavolleyball@yahoo.com.

I have read and understand all of the Alexandria Volleyball Club philosophies, requirements, and expectations of club members per the 2011-2012 Handbook. I understand that the handbook may be updated, but is easily accessible at www.alexjovolleyball.org. I agree to comply with the handbook expectations and will support the fundraising activities of the Club.

I am committed to sportsmanship and respect for all players, officials, coaches and members of the AVC.

Player's Signature

Date

Parent/Guardian's Signature

Date

\$150 non-refundable registration fee attached. Must be post-marked no later than **November 7, 2011**. Mail to:

Alexandria JO Volleyball Club
P.O. Box 93
Alexandria, MN 56308