



Miracle Strip Volleyball Academy



Player Information Sheet

Player Name: _____

Date of Birth: _____ School: _____ Grade: _____

Name of Parents: Mother _____ Father: _____

Address: _____

Phone Numbers: _____ Cell: _____ : _____

Email Addresses: _____

Jersey Size: _____ Spandex Size: _____ T-shirt Size: _____ Favorite #: _____

In order to meet your future needs and help us grow, please indicate your interests below: (check all that apply)

Clinics _____ Individual Instruction _____ Travel Teams: _____