

Owatonna Youth Volleyball Association - JO Volleyball Program

JO Registration Form

Administration and Coaches will use this information to contact a player and/or parent with team announcements and other program alerts during the season. Please provide the data specified for each contact.

Player Contact Information

Player Name	
Player DOB (MM/DD/YYYY)	
E-Mail (if player has their own e-mail) <input type="checkbox"/> check if you don't want displayed on website	
Cell Phone (if player has their own phone) <input type="checkbox"/> check if you don't want displayed on website	

Parent/Guardian Contact Information

Primary Contact: Parent/Guardian

Primary Contact Name	
E-Mail	
Home Phone	
Cell Phone	

Secondary Contact: _____ Parent/Guardian _____ Other

(If separate household needs to be notified of changes/updates.)

Secondary Contact Name	
E-Mail	
Home Phone	
Cell Phone	