

Optimist Girl's Volleyball 2015 Player Registration Form

DID YOU PARTICIPATE IN OPTIMIST VOLLEYBALL LAST YEAR? YES _____ NO _____	
Name	
Grade	School:
Birth date	
Player's Home Phone	
Email address (PLEASE PRINT):	
T-Shirt Size (circle one) Youth: S(6/8) M(10/12) L(14/16) Adult: S M L XL XXL 3X	
Are you playing in another league?	
If yes, which one (RAVE, High Impact,)?	
Fathers Name	
Business Phone:	
Cell Phone:	
Mother's Name	
Business Phone:	
Cell Phone:	
Medical Problems/Allergies	
Emergency Contact Person (Other than parents)	
Name	
Relationship	
Phone	

Mail- In Registration MUST be postmarked by FEB. 14, 2015

Mail completed registration form to:

Optimist Club of Rolla - Girls's Volleyball

P.O. Box 1366

Rolla, MO 65402-1366