

Johnston Volleyball Club Registration

Please fill out the following information PRIOR to registering your daughter in her respective age group:

Player Info:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent E-mail: _____

DOB: _____ School: _____

Age Division Trying out for: 12U 13U 14U 15U 16U 17U 18U

Parents Name(s): _____

NOTE: It is expected that ALL JVBC team members will be playing at Iowa Regionals, March 17-18 (15U-18U) and March 24-25 (12U-14U).

For Club Use Only

_____ USA Membership Shown/Received

_____ Medical Release Waiver Received

_____ Pinny # Assigned