

**NORTHVIEW HIGH SCHOOL VOLLEYBALL
ATHLETE AND PARENT INFORMATION**

First Name _____ Last Name _____

Nickname _____ Other Sports _____

Address _____ City _____ State _____ Zip _____

Grade _____ Graduation year _____ GPA _____ ACT _____

Date of Birth _____ Height _____ Handed (left or right) _____

Athlete's E-mail _____

Home Phone (____) _____ Athlete's Cell Phone (____) _____

Mother's First Name _____ Mother's Last Name _____

Mother's Cell Phone (____) _____ Mother's E-mail _____

Father's First Name _____ Father's Last Name _____

Father's Cell Phone (____) _____ Father's E-mail _____

Has the athlete had any major athletic injuries/surgeries in the past? (List approx. date) _____

What other sports does the athlete participate in? _____

What hobbies or non-sports does the athlete participate in? _____

Any information that you would like for the coaches to know about your child? _____

Parents please initial next to each item if you agree:

1. Do you give permission to the coaches to text message basic team information to your daughter at the phone number listed above? _____

2. Do you give permission to the coaching staff to photograph your daughter during athletic activities to possibly use in organizational activities or promotions? _____

3. If your child is 14-18 years old and lifting weights, do you give strength and conditioning permission to correspond with your child via text message in regards to weight lifting activities or scheduling? _____

4. Do you give permission to our athletic trainer to assess any injury your child may incur during athletic activities?

Athletes: What is the #1 thing you are looking forward to this season? _____
