

PCVC
2014 Registration

Information to be completed by PCVC at time of registration

All forms must be checked off:

Medical Waiver

PCVC Participation agreement

Club Fees \$ 845

Amount Paid (Check #)

Balance Due

(Fees are to be paid-in full by 1/21/14)

Information below to be completed by Player/Parent before registration; Please bring form to registration

Circle one Team : 12s 13s 14s 15s

Player Information (please print clearly)

First Name: _____

Last Name: _____

Street Address _____

City _____

Ohio Zip _____

primary email address _____

Date of Birth _____

Grade _____

School _____

Parent Information

Home Phone _____

Father name _____

Father Cell # _____

Mother name _____

Mother Cell # _____

Uniform Size

Jersey Top YLG YXL S M L XL

Jersey Short XXS XS S M L XL

Warm-up Top YLG XS S M L

Tee Shirt S M L XL

Pant XS S M L XL