

# Training Champions Volleyball Academy Applications Form

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## Student Information

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Female \_\_\_ Male \_\_\_ ID : \_\_\_\_\_  
Grade in School: \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
email: \_\_\_\_\_

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## Parent/ Guardian Information

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Parent Name \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Address : \_\_\_\_\_  
email: \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Address : \_\_\_\_\_  
email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Note: My child has the following allergies: \_\_\_\_\_