

Sonic Hitters Registration Form

(Please Print)

Player Information

First Name: _____ Birth Date: (m/d/y) _____
Middle Name: _____ Age: _____
Last Name: _____ Grade: _____
School Attending: _____ Shirt Size: S M L XL
Played school volleyball? YES / NO Short Size: XS S M L XL
Last Name on Shirt: _____
Last school year played: _____
Club volleyball? YES / NO What Club? _____

List any medical concerns: (allergies, medications, limitations, etc.):

Parent Information

Mother & Father or legal guardian: _____
Address: _____
City, State, Zip: _____
Parents Email: _____
Home: _____
Mother: Work _____ Cell _____
Father: Work _____ Cell _____

_____ We **do not** wish for our player to be listed on the Sonic Sports Club website.

The player fee, agreement to participate form, release form and and copy of the new player's birth certificate are required. The fee covers a current AAU membership, uniform, coaching, tournament registrations, and practice facility. Make check payable to Sonic Sports Club.

**Sonic Sports Club, Inc.
660 Stonecrest Drive
Adrian , Michigan 49221**