Player Verification Form

Please Print Legibly

This information is used to verify that you are playing in the correct divisions, that your e-newsletter and magazine are sent to the correct addresses, and to distinguish you from other players.

First Name: ______________________________ Last Name:______________________________

Gender: M  F  Date of Birth: ______________ (month) ___________ (day) _________________ (year)

Mailing Address: ________________________________________________________________

City: ___________________________ State/Province: _____ Zip/Postal Code: _________________

Country: _________________________________

Email: _________________________________________________________________________

Receive email blasts?   Yes     No

☐ Work Phone:   Area/Country Code _______________ Number: _________________ Ext: __________

☐ Home Phone: Area/Country Code _______________ Number: _________________

☐ Mobile/Cell Phone: Area/Country Code _______________ Number: _________________

Fax: Area/Country Code _______________ Number: _________________

Please select your phone contact preference.

School Name: _____________________________________________________________ State: ______

Club Name: ______________________________________________________________________ State: ______

Emergency Contact

In case of emergency at this event, who should we notify?

First Name: ______________________________ Last Name:______________________________

Relation: _________________________________________________________________________

☐ Work Phone: Area/Country Code _______________ Number: _________________ Ext: __________

☐ Home Phone: Area/Country Code _______________ Number: _________________

☐ Mobile/Cell Phone: Area/Country Code _______________ Number: _________________

Please select phone contact preference.

http://www.usaracquetball.com/Portals/18/Player Verification Form.docx