

Note: NOT today's date!!!!

Last Name

First Name

____/____/____
Mo /Day /Year

Birthdate

SMASH

Jrs Volleyball

TRYOUT #:

Color:

Travel Team Program - 2010 Registration Form

Age Group (check one):

***DO THIS CAREFULLY!**

- 18+Unders: Born on or after Sept. 1, 1991
- 17+Unders: Born on or after Sept. 1, 1992
- 16+Unders: Born on or after Sept. 1, 1993
- 15+Unders: Born on or after Sept. 1, 1994
- 14+Unders: Born on or after Sept. 1, 1995
- 13+Unders: Born on or after Sept. 1, 1996
- 12+Unders: Born on or after Sept. 1, 1997

OH MH S OPP LIB

position

____ft. ____in.

height

left right

"handed"

5-6-7-8-9-10-11-12

Grade in School

MS 9th JV Varsity other: _____

Role on Team: Starter - Substitute

School: _____

VB Camp(s): _____

Previous Juniors, or other non-HS VB experience (describe):

PLAYER'S email address: _____@_____

PLAYER'S email address (AGAIN!): _____@_____

please write SO clearly!

PARENT'S email address: _____@_____

PARENT'S email address (AGAIN!): _____@_____

BEST Telephone #: (____) _____

Player's Cell Phone #: (____) _____ Cell Phone Company: _____

Other sports, and level of play:

Street Address: _____

Town, State, Zip Code: _____

Emergency Contact Name: _____ and phone #: _____

shirt size: S M L XL **short size:** S M L XL **warm-ups size:** XS S M L XL

desired uniform #: _____ **2nd choice for #:** _____

Tryout # (same as above)

Color: _____

\$40 Tryout Fee Paid: _____ (check #/cash)

Insurance Waiver Rec: _____

USAV Membership Rec: _____

18 17 16 15 14 13 12

shaded area for OFFICE USE ONLY!

Last Name

First Name