SMASH League and Skills Program 2010 Registration

Last Name **First Name**

___ /____ /_____
Mo / Date / Yr
Birthdate

Age Group (check one):

- ☐ 18+Unders: Born on or after Sept. 1, 1991
- ☐ 16+Unders: Born on or after Sept. 1, 1993
- ☐ 14+Unders: Born on or after Sept. 1, 1995

NOTE: Young Athlete Program on Saturdays for Grades 2-8!

OH MH S OPP LIB — **position**

___ft. ___in. — **height**

left right — **"handed"**

8 - 9 - 10 - 11 - 12 — **grade in School**

9th JV Var other: _____ — **level you played at school**

Shirt Size: S M L XL
Short Size: S M L XL

Name of School: _____

Are you familiar with a '6-2' offense? Yes No (circle one)

All previous VB experience (describe in depth):

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

Home Telephone #: _____
Cell Phone #:_____**and company/provider:**_____

Street Address: _____

Town, State, Zip Code: _____

Emergency Contact Name: _____ **and phone #:** _____

Do you have a player or group of players you want to be on the same team as? **YES** **NO** (Circle one!)
(if not, don't worry, we will find you a team)

If YES, please list them HERE:

	Name	Position	School

If you have an **entire team**, fill in names below (note, no more than 3 in each position)**(must be 8 or 9 total !)**

	Left-side hitter	Middle hitter	Setter	Libero
1				
2				
3				

Your Team's Name: _____

Last Name **First Name**