

SMASH Volleyball

Young Athlete Program

2010 Registration Form

		_ / _ / _	
Last Name	First Name	Mo / Date / Yr Birthdate	
<u>Age Group (check one):</u>			_ ft. _ in. height
<input type="checkbox"/> 14+Unders: Born on or after Sept. 1, 1995			left right "handed"
<input type="checkbox"/> 12+Unders: Born on or after Sept. 1, 1997			
<input type="checkbox"/> 10+Unders: Born on or after Sept. 1, 1999		3 - 4 - 5 - 6 - 7 - 8 grade in School	
Shirt Size: S M L XL	Name of School: _____		

All previous VB experience (describe in depth):

PARENT email address: _____ @ _____

PARENT email address (AGAIN!): _____ @ _____

Home Telephone #: _____

Cell Phone #: _____

Street Address: _____

Town, State, Zip Code: _____

Emergency Contact Name: _____ and phone #: _____

December Program: Dec 5+12 (2009), 1-2:45 PM \$40 (check to "Newton Jrs.Volleyball")

Winter, 2010 Program: Jan. 9 (8 weeks): 1-3 PM, \$260, check to "Newton Jrs. Volleyball"

Note: Program Fee includes \$60 membership in Newton North Indoor Complex

Last Name	First Name