SMASH League and Skills Program 2012 Registration

Last Name	First Name	___/___/___ Mo / Date / Yr Birthdate

Age Group (check one):

- ☐ 18+Unders: Born on or after Sept. 1, 1993
- ☐ 16+Unders: Born on or after Sept. 1, 1995
- ☐ 14+Unders: Born on or after Sept. 1, 1997

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

OH MH S OPP LIB	___ft. ___in.	left right
position	height	"handed"

8 - 9 - 10 - 11 - 12	9th JV Var other: _____
grade in School	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