

SMASH VOLLEYBALL

YOUNG ATHLETE PROGRAM

2012 REGISTRATION FORM

Last Name First Name Birthdate Mo / Date / Yr Boy Girl

Age Group (check one):

- 14+ Unders: Born on or after Sept. 1, 1997
12+ Unders: Born on or after Sept. 1, 1999
10+ Unders: Born on or after Sept. 1, 2001

height ft. in. left right handed

3 - 4 - 5 - 6 - 7 - 8 grade in School

Shirt Size: S M L XL

Name of School:

All previous VB experience:

PARENT email address: @

PARENT email address (AGAIN!): @

Home Telephone #: _____

Cell Phone #: _____

Street Address: _____

Town, State, Zip Code: _____

Emergency Contact Name: _____ and phone #: _____

Winter, 2012 Program: Begins: Feb. 4 (8 consecutive Saturdays): 1-3 PM, Newton North H.S.

Cost: \$285, check to "Newton Jrs. Volleyball"

Note: Program Fee includes membership in Newton North Indoor Complex

\$285 Fee Paid: check #: cash?: City of Newton Release Form: USAV Medical and Release Form: 15 14 13 12 10

Last Name

First Name