

Note: NOT today's date!!!!!!

Last Name

First Name

____/____/____
Mo /Day /Year

Birthdate

SMASH

Jrs Volleyball

TRYOUT #:

Travel Team Program - 2008 Registration Form

Age Group (check one):

- 18+Unders: Born on or after Sept. 1, 1989
- 17+Unders: Born on or after Sept. 1, 1990
- 16+Unders: Born on or after Sept. 1, 1991
- 15+Unders: Born on or after Sept. 1, 1992
- 14+Unders: Born on or after Sept. 1, 1993
- 13+Unders: Born on or after Sept. 1, 1994
- 12+Unders: Born on or after Sept. 1, 1995

OH MH S OPP LIB
position

____ft. ____in.
height

left right
"handed"

6-7-8-9-10-11-12
Grade in School

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!): _____@_____

Home Telephone #: (____) _____

Player's Cell Phone #: (____) _____

Street Address: _____

Town, State, Zip Code: _____

<u>Other sports, and level of play:</u>

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)

\$40 Tryout Fee Paid: _____
Insurance Waiver Rec: _____
USAV Membership Rec: _____
18 17 16 15 14 13 12

shaded area for OFFICE USE ONLY!

Last Name

First Name