

SMASH Volleyball

Young Athlete Program

2008 Registration Form

_____	_____	___/___/___
Last Name	First Name	Mo / Date / Yr
		Birthdate
<u>Age Group (check one):</u>		
<input type="checkbox"/>	14+Unders: Born on or after Sept. 1, 1993	<input type="text"/>
<input type="checkbox"/>	12+Unders: Born on or after Sept. 1, 1995	<input type="text"/>
<input type="checkbox"/>	10+Unders: Born on or after Sept. 1, 1997	<input type="text"/>
		<input type="text"/> ft. <input type="text"/> in.
		height
		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 (describe in depth):

PLAYER'S email address: _____@_____

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

Home Telephone #: _____

Cell Phone #: _____

Street Address: _____

Town, State, Zip Code: _____

Emergency Contact Name: _____ and phone #: _____

- Other Details:**
- 1 Program Fee of \$210 due with Registration, check to "Newton Jrs. Volleyball" (This includes required \$60 membership in Newton North Indoor Complex)
 - 2 Program will run every Saturday, Jan 12-Feb 26, 2008
 - 3 Site: Newton North High School, downstairs gym, Hull Street entrance
 - 4 Hours: 3-4:30

_____	_____
Last Name	First Name