



2020 Season Player Information (PLEASE PRINT)

Tryout # _____

Birthdate: _____

Age: _____ Height: _____

Player Name: _____ Player Email: _____

Player Address: _____

Parent/Guardian Name: _____ Parent Cell : _____

Parent/Guardian Email: _____ Contact Preference: _____

Secondary Parent/Guardian Name: _____ Parent Cell: _____

Secondary Parent Email: _____ Contact Preference: _____

Why do you want to play club volleyball? _____

Years of Club Experience: _____ Clubs Played For: _____

School you currently attend: _____ Grade: _____

Position(s) played in school: _____

What winter/spring sports/activities do you participate in that may conflict with club volleyball practices or competition? _____

Are you ready to commit to any level of club play? _____

What position(s) do you prefer to play? Please mark your 1st and 2nd choices.

Outside Hitter

Setter

Right Side Hitter

Middle Hitter

Libero/DS

No Preference/Any

Please list any other information that you feel we should be aware of:
