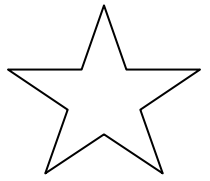


V.I.P. Juniors Volleyball Tryout Form

Please fill out completely and turn in at the registration desk.



Athlete's Name: _____

Athlete's Current School/Grade: _____

Athlete's Age: ____ Athlete's Birthdate: _____ Athlete's Height: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Athlete's Email Address: _____

Parents' Names: _____

Parents' Email Address: _____

Parents' Home Phone: _____ Parents' Work Phone: _____

Previous Playing Experience

Club/Year: _____ Club/Year: _____

School Teams:

___ 7th
___ 8th
___ 9th
___ 10th
___ 11th
___ 12th

Level:

___ Varsity ___ JV ___ N/A
___ Varsity ___ JV ___ N/A
___ Varsity ___ JV ___ Other
___ Varsity ___ JV ___ Other
___ Varsity ___ JV ___ Other
___ Varsity ___ JV ___ Other

Position Preferred:

(mark in order of preference)
___ Setter ___ Middle Hitter
___ Outside Hitter ___ DS/Libero

****Select one of the following choices (Please be honest, this does not affect your tryouts):**

___ If I make the team, VIP is my FIRST choice and I plan to commit, as soon as allowed.

___ If I make the team, I still want to tryout for other clubs before making a final decision.

___ VIP is NOT my first choice and if selected for another team I plan to choose them.

****Other school/club activities I will be involved in during the 2007/2008 season:**

Activity: _____ Practice Days: _____

This information is not used in deciding who makes the team; it will be used to decide how many players are offered positions and/or placed on a waiting list. It also will help in deciding which teams practice on which days.

How did you hear about V.I.P. Juniors Tryouts?

___ Friend ___ Flyer ___ Club Fair ___ Other