

SMASH VOLLEYBALL CLUB TRYOUT REGISTRATION FORM



2021 Season

Player Name: _____

Birthdate: (Month) _____ (Day) _____ (Year) _____ Current Age: _____

Team you are trying out for: _____ Preferred Position: _____

Age Categories:

18U: Athletes born between September 1, 2002 & Dec. 31, 2003 (16 months)

16U: Athletes born between September 1, 2004 and Dec. 31, 2005 (16 months)

14U: Athletes born between September 1, 2006 and Dec. 31, 2007 (16 months)

Parent email: _____

(this is how we will contact you after tryouts. Please print e-mail address clearly)

Health Card Number: _____

Emergency Contact during tryouts (include name and contact phone number):

Name: _____

Phone Number: _____

Official Use Only

\$5.00 tryout fee paid: Yes or No

U14 Only: Preregistered Yes or No

Coaches notes:
