



Club Volleyball Tryout Form

2017-2018 Season

Please bring TWO copies of this filled out sheet.

Player Name

Address _____ City _____ Zip _____
Phone Number _____ Email _____

Mother's Name

Address _____ City _____ Zip _____
Phone Number _____ Email _____

Father's Name

Address _____ City _____ Zip _____
Phone Number _____ Email _____

Player Information

Date of Birth _____ Age _____ Grade _____
School This Year _____ School Next Year _____
Future High School _____ Height _____ T-Shirt Size _____

Player History

Are you new to Team Yakima? YES / NO

Have you played club volleyball before? YES / NO

If YES, which club team did you play for last season? _____
(Club, Age & Team Name)

Have you played school volleyball before? YES / NO

If YES, which school team did you play for this fall? _____

Are you interested in playing a particular position? If so which one(s)? _____

Do you have a friend or relative that must be on the same team as you? If so, name the player and reason:

Are you also trying out for another club this season in addition to Team Yakima? If so, please list club(s)

Do you play any Winter Sports at Your School or Other? If so, which ones? _____

Will you play any Spring Sports at Your School or Other? If so, which ones? _____

Are there any conflicts that could prevent you from playing every tournament and attending all practices?
Please include any nights you are not available to practice, including any church, school or activity conflicts.

Player Signature _____ Date _____

Parent Signature _____ Date _____